

# Exhibit D

TX-RS-LTC-1101

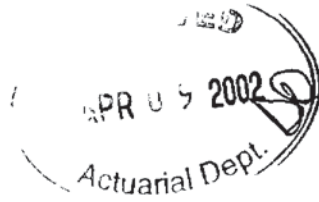
# Northwestern Mutual

March 13, 2002

Northwestern Long Term Care Insurance Company  
NAIC No. 860-69000  
FEIN No. 36-2258318

## CORRECTIONS

Texas Filing IDS: 2506731 & 2506727



Mr. Russell Spier  
Insurance Specialist  
Life/Health Division - MC 106-1D  
Texas Department of Insurance  
P.O. Box 149104  
333 Guadalupe St.  
Austin, TX 78714-9104

Re:	RS.LTC.(1101)	Long-Term Care Insurance Policy
	RS.LTC.SB.(1101)	Survivorship Benefit
	RS.LTC.APB.(1101)	Automatic Additional Purchase Benefit
	90-1970 (1101)	Outline of Coverage
	90-1230 LTC (1101)	Request to Reinstate
	90-0600 LTC (1101)	Personal Health and Status Declaration
	90-1279 LTC (1101)	Application for Policy Change
	90-1968 LTC (1101)	Application for Long-Term Care
	90-1973 LTC (1101)	Long-Term Care Medical Questionnaire

Dear Mr. Spier:

This letter is in response to your e-mail dated March 12, 2002, regarding the above-referenced forms.

Per your request, we have deleted the following language from the first paragraph on page 8: "under Texas Health and Safety Code, Chapter 142 or successor legislation."

We have also inserted Contingent Benefit language as section 5.6, in the contract.

You have my assurance that the only changes that were made to the contract are those referenced above.

I have enclosed an underlined copy for easy reference. If you should have any questions regarding the enclosed forms, you may call me at (414) 665-7233 or you can e-mail me at [angelashanson@northwesternmutual.com](mailto:angelashanson@northwesternmutual.com).

Sincerely,

  
Angela S. Hanson (formerly Schaaf)  
Insurance Regulatory Specialist

Enclosures



## Texas Department of Insurance

Life/Health Division – Accident & Health Section, Mail Code 106-1D

333 Guadalupe P. O. Box 149104, Austin, Texas 78714-9104

512-322-3409 telephone 512-322-3552 or 512-322-3506 fax [www.tdi.state.tx.us](http://www.tdi.state.tx.us)

March 28, 2002



Angela Hanson  
Insurance Regulatory Specialist  
Northwestern Long Term Care Insurance Company  
720 East Wisconsin Avenue  
Milwaukee, WI 53202

Filing ID(s): 2506727

RE: Withdrawal of Forms:

RS.LTC.IP.(1101)

Policy

The attached forms are "Withdrawn" from review:

☐ pursuant to 28 TAC § 3.19(a)(2)(B).

☒ per your request

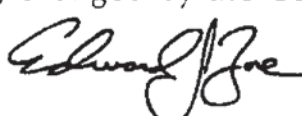
If you have any questions, please feel free to contact me at (512) 305-7273.

Sincerely,

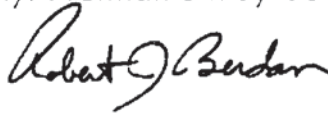
Russell Speir  
Insurance Specialist  
Texas Department of Insurance  
Life/Health Division (MC 106-1D)  
Accident & Health Section  
[russell.speir@TDI.state.tx.us](mailto:russell.speir@TDI.state.tx.us)

Northwestern Long Term Care Insurance Company agrees to pay the benefits provided in this policy, subject to its terms and conditions. Signed at Milwaukee, Wisconsin on the Date of Issue. The Home Office of the Company is located at 720 East Wisconsin Avenue, Milwaukee, Wisconsin 53202. The administration office of the Company is located at P.O. Box 5709, Hopkins, Minnesota 55343-5709.

This long-term care policy is guaranteed renewable for life upon timely payment of premiums for the life of the Insured and can neither be cancelled nor have its terms, other than premiums, changed by the Company. Premiums may be changed by class.



President and CEO



Secretary

## LONG-TERM CARE INSURANCE POLICY

Eligible for Annual Dividends

Guaranteed Renewable for Life

Premiums Subject to Change by Class

This policy is intended to be a **qualified** long-term care insurance contract under section 7702B(b) of the Internal Revenue Code of 1986.

**Caution --** The issuance of this long-term care insurance policy is based upon your responses to the questions on your application. A copy of your application is enclosed. If your answers are incorrect or untrue, the Company may have the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact NORTHWESTERN LONG TERM CARE INSURANCE COMPANY at P.O. Box 5709, Hopkins, Minnesota 55343-5709.

**Right To Return Policy --** Please read this policy carefully. This policy may be returned by the Insured for any reason within 30 days after it was received. This policy may be returned to your agent or to the administration office of the Company at P.O. Box 5709, Hopkins, Minnesota 55343-5709. If returned, this policy will be considered void from the beginning and any premium paid will be refunded.

**Notice To Buyer --** This policy may not cover all the costs associated with long-term care incurred by the policyholder during the period of coverage. The policyholder is advised to review carefully all policy limitations. In addition, the policyholder is advised that based on current health care cost trends, the benefits provided by this policy may be significantly diminished in terms of real value to the policyholder, depending on the amount of time which elapses between the date of purchase and the date upon which the policyholder first becomes eligible for those benefits.

RS.LTC.(1101)

TX



Northwestern Long Term Care  
Insurance Company

STATE OF ISSUE

Texas

INSURED

John J. Doe

POLICY DATE

October 1, 2001

PLAN

Long-Term Care

AGE AND SEX

65 Male-SN

POLICY NUMBER

LTC00000001

Exclusions--See Section 3.

APPROVED  
ANA SMITH-DALEY  
MAR 28 2002

INSURANCE COMMISSIONER  
DEPT. OF HEALTH & HUMAN SERVICES  
State of Texas



**This policy is a legal contract between the Insured and  
Northwestern Long Term Care Insurance Company.  
Read your policy carefully.**

## **GUIDE TO POLICY PROVISIONS**

### **BENEFITS AND PREMIUMS**

#### **SECTION 1. GENERAL TERMS AND DEFINITIONS**

Insured. Terms on schedule of Benefits and Premiums. Need For Long-term Care. Immediate Family Member. Licensed Physician. Licensed Health Care Practitioner. Qualified Long-term Care Services. Appropriate Providers Of Care. Nursing Home. Alternate Living Facility. Adult Day Care Facility. Home Health Care Eligible Providers. Daily Covered Charge.

#### **SECTION 2. BENEFITS**

Conditions on eligibility for benefits. Long-term care benefit. Respite care. Caregiver training benefit. Provider arrangements. Operation of this policy with other coverage.

#### **SECTION 3. EXCLUSIONS AND LIMITATIONS**

Exclusion for mental or nervous disorder and substance abuse or dependency. Exclusion while insured outside the United States. Exclusion of care provided by an Immediate Family Member. Limitation for governmental benefits payable. Exclusion of expenses for which a charge is not made.

#### **SECTION 4. CLAIMS**

Claim for policy benefits. Time of payment of claims. Payment of claims. Overpayment of benefits. Appeals process. Legal actions.

#### **SECTION 5. PREMIUMS AND REINSTATEMENT**

Premiums. Waiver of premium. Extension of benefits. Reinstatement. Reinstatement for unintentional lapse. Contingent benefit.

#### **SECTION 6. THE CONTRACT**

Entire contract; changes. Incontestability. Change of plan. Misstated age. Conformity with state statutes. Dividends. Dates. Termination.

#### **ADDITIONAL BENEFITS (if any)**

#### **APPLICATION**

## BENEFITS AND PREMIUMS

Date of Issue - October 1, 2001

PLAN AND ADDITIONAL BENEFITS	CURRENT ANNUAL PREMIUM	PAYABLE FOR
Long-Term Care	\$ 2,038.00	Life

A premium is payable on the Policy Date and on every policy anniversary after that.  
The current annual premium is \$2,038.00 Premiums are not guaranteed and can be changed by class.

BEGINNING DATE (once per lifetime) 91st day of Qualifying Expenses.

### MAXIMUM DAILY LIMIT (as of October 1, 2001)

Nursing Home	\$200.00
Alternate Living Facilities	\$200.00
Home Health and Adult Day Care	\$100.00

BENEFIT ACCOUNT VALUE (as of October 1, 2001) \$438,000.00

CAREGIVER TRAINING BENEFIT (as of October 1, 2001) \$1,000.00

After the first policy year, the Caregiver Training Benefit will be equal to  
5 times the Maximum Daily Limit for nursing home care at the time of  
the first use of the benefit.

STATE OF ISSUE	Texas		
INSURED	John J. Doe	AGE AND SEX	65 Male-SN
POLICY DATE	October 1, 2001	POLICY NUMBER	LTC00000001
PLAN	Long-Term Care		

Exclusions--See Section 3.

POLICY NUMBER LTC00000001

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## SECTION 1. GENERAL TERMS AND DEFINITIONS

This policy provides benefits for covered expenses when the Insured needs long-term care. Section 1 gives information about and the meaning of several terms that are used in this policy when determining whether benefit payments will be made.

### 1.1 INSURED

The Insured is named on page 3 and is the owner of this policy. The Insured may not transfer the ownership of this policy.

### 1.2 TERMS ON SCHEDULE OF BENEFITS AND PREMIUMS

The schedule of Benefits and Premiums (page 3) has a number of important terms that are used in this policy. These terms are:

**Maximum Daily Limit.** This is the maximum amount of daily benefit payable under this policy for expenses incurred for Qualified Long-Term Care Services from the Appropriate Provider or Providers of Care.

**Benefit Account Value.** This is the maximum total amount payable for Qualifying Expenses for the duration of this policy.

**Beginning Date.** This is the date on which benefits begin to be payable after the Insured has incurred Qualifying Expenses. Benefits are not payable for the time the Insured has Qualifying Expenses before the Beginning Date except as provided under section 2.3 and section 2.4. The Beginning Date needs to be met only once while this policy is in force. However, the Insured must continue to meet the definition of the Need for Long-Term Care for accrual of benefits.

### 1.3 NEED FOR LONG-TERM CARE

The term "chronically ill" means the Insured has been certified by a Licensed Health Care Practitioner to have a Need for Long-Term Care and this need has

been certified by a Licensed Health Care Practitioner within the last 12 months. In order to be eligible for payment of benefits, there must exist a Need for Long-Term Care.

A **Need for Long-Term Care** means a Licensed Health Care Practitioner has certified within the last 12 months that:

- the Insured needs substantial assistance from another person to perform at least two out of six Activities of Daily Living (ADLs) for a period of 90 days or more due to a loss of functional capacity; or
- the Insured needs substantial supervision to protect the Insured from threats to health and safety due to a severe cognitive impairment.

The **Activities of Daily Living** are:

- **Bathing** -- Washing by sponge bath, or washing in either a tub or shower, including the task of getting into or out of the tub or shower;
- **Continence** -- Ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag);
- **Dressing** -- Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs;
- **Eating** -- Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously;
- **Toileting** -- Getting to and from the toilet, on and off the toilet, and performing associated personal hygiene; and
- **Transferring** Sufficient mobility to move into or out of a bed, chair or wheelchair or to move from place to place, either via walking, a wheelchair or other means.



**Substantial assistance** means hands-on assistance and standby assistance.

**Hands-on assistance to perform an activity means:**

- the Insured needs physical assistance from another person on a regular basis at some point during the performance of the activity or else the Insured would be unable to perform the activity; and
- the Insured cannot perform the entire activity with the supports and mechanical aides that are available to the Insured.

**Standby assistance to perform an activity** means the Insured needs the presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while the Insured is performing the activity.

**A severe cognitive impairment:**

- means the loss or deterioration in intellectual capacity that is comparable to and includes Alzheimer's Disease and similar forms of irreversible dementia, and measured by clinical evidence and standardized tests that reliably measure impairment in the individual's short-term memory, orientation as to people, places, or time, and deductive or abstract reasoning; and
- is clinically diagnosed by a licensed practitioner in the State of Texas who is authorized to make such a diagnosis. Such diagnosis shall include the Insured's history and neurological, psychological and/or psychiatric evaluations, and laboratory findings.

**Substantial supervision** means someone must be continuously present to either supervise or provide directional assistance to protect the Insured from threats to the Insured's health or safety.

#### **1.4 IMMEDIATE FAMILY MEMBER**

An Immediate Family Member means the Insured's spouse, child, grandchild, parent, sibling, child's spouse, spouse's child, spouse's grandchild or spouse's parent.

#### **1.5 LICENSED PHYSICIAN**

Licensed Physician means a physician, other than the Insured or an Immediate Family Member, who is acting within the scope of his or her license.

#### **1.6 LICENSED HEALTH CARE PRACTITIONER**

A Licensed Health Care Practitioner is any Licensed Physician, any registered professional nurse, or a licensed social worker, other than the Insured or an Immediate Family Member.

#### **1.7 QUALIFIED LONG-TERM CARE SERVICES**

Qualified Long-Term Care Services means any necessary treating, mitigating, and rehabilitative services, and maintenance or personal care services that are:

- required due to a Need for Long-Term Care; and
- are given pursuant to a plan of care prescribed by a Licensed Health Care Practitioner.

Qualified Long-Term Care Services do not include any of the following items: Physician's services; prescription or non-prescription medication; medical supplies; hospital services; laboratory services; durable medical equipment; transportation; and items furnished at the Insured's request for beautification, comfort, convenience, or entertainment.

#### **1.8 APPROPRIATE PROVIDERS OF CARE**

Appropriate Providers of Care are: nursing homes, alternate living facilities, adult day care facilities, and home health care eligible providers.

#### **1.9 NURSING HOME**

"Nursing home" means a facility that is primarily in the business of providing licensed nursing care (skilled, intermediate, and custodial) to inpatients and:

- is licensed as a nursing home by the State of Texas; and
- is operated pursuant to state and federal law.



In addition, a facility will qualify as a nursing home if it:

- provides licensed nursing care to inpatients on a 24 hour a day basis;
- is operated under the direction of a Licensed Physician and has care supervised by a licensed nurse (R.N., L.V.N., or L.P.N.);
- maintains daily records for all patients of the care and services provided; and
- is authorized to administer medication to patients on the order of a Licensed Physician.

### 1.10 ALTERNATE LIVING FACILITY

"Alternate living facility" means a facility that is primarily in the business of providing ongoing care and services to all the people living in that facility and:

- is licensed or certified as required by the State of Texas; and
- is operated pursuant to state and federal law.

In addition, a facility will qualify as an alternate living facility if it:

- provides ongoing care and services to all the people living in that facility on a 24 hour a day basis;
- has an employee on duty at all times who is awake, trained, and ready to provide care;
- provides three meals a day and accommodates special dietary needs;
- maintains daily records for all patients of the care and services provided;
- provides care to at least five patients;
- has formal arrangements for the services of a Licensed Physician or licensed nurse to furnish medical care in case of an emergency; and
- is authorized to administer medication to patients on the order of a Licensed Physician.

An alternate living facility may be referred to as an assisted living facility, a personal care facility, an Alzheimer's facility, or similar terms. Such facilities may be free-standing or a part of a larger facility, such as an adult congregate living facility.

### 1.11 ADULT DAY CARE FACILITY

"Adult day care facility" means a facility that is licensed as a provider of adult day care services by the Texas Department of Health under the Texas Human Resources Code, Chapter 103.

"Adult day care" is a social and health-related services program provided during the day in a community group setting, for the purpose of supporting frail, impaired elderly, or other disabled adults who can benefit from care in a group setting outside the home.

In addition, a facility will qualify as an adult day care facility if it:

- provides adult day care;
- is operated pursuant to any applicable state and federal law;
- operates at least five days a week for at least six hours a day;
- maintains daily records for all patients of the care and services provided;
- has a staff of at least a full-time director and at least one registered nurse who are present during operating hours for at least four hours a day; and
- has established procedures for obtaining appropriate aid in the event of a medical emergency.

### 1.12 HOME HEALTH CARE ELIGIBLE PROVIDERS

"Home health care eligible providers" means Home Health Care Agencies or Independent Care Providers that deliver care in the home of the Insured, in the home of a friend or relative, or in a residential facility.

A **Home Health Care Agency** means a provider of home care services which provides medical or nonmedical services to ill, disabled, or infirm persons in the home of the Insured, in the home of a friend or relative, or in a community-based residential facility. Such services may include homemaker services, assistance with activities of daily living, respite care services, case management services, and maintenance or personal care services and is licensed as a provider of home health care services by the Texas Department of Health.

**Independent Care Providers** are persons not affiliated with a Home Health Care Agency:

- who are:
  - a. licensed or certified by the state; or
  - b. in states that do not license or certify these providers, professionally qualified as evidenced by written proof of completion of an established training course, acceptable to the Company, which must include training in safely assisting persons with the Activities of Daily Living; and
- who maintain daily documentation of the care and services provided in a format designated by or acceptable to the Company; and
- who provide care as one or more of the following:
  - a. registered nurses;
  - b. practical nurses;
  - c. vocational nurses;
  - d. occupational therapists;
  - e. physical therapists;
  - f. speech therapists;
  - g. social workers;
  - h. home health aides; and
  - i. nursing assistants

### 1.13 DAILY COVERED CHARGE

The Daily Covered Charge is the amount of daily expenses incurred for Qualified Long-Term Care Services from Appropriate Providers of Care.

For a nursing home or an alternate living facility, in addition to the expenses incurred for other Qualified Long-Term Care Services, the Daily Covered Charge includes the expense for room and board.

The Daily Covered Charge will also include the room and board expense for a nursing home or Alternate Living Facility if:

- the Insured had been in a nursing home or Alternate Living Facility; and
- the expense is incurred to hold the space for the Insured.

This additional coverage is limited to 21 days per calendar year.

Homemaker services are support services necessary to remain in the home such as meal preparation, laundry, light housekeeping, and supervision of taking medications. For a Home Health Care Eligible Provider, the Daily Covered Charge will include expenses incurred for incidental homemaker services if:

- homemaker services are provided inside the Insured's home, or the home of a friend or relative for the benefit of the Insured;
- services are provided pursuant to a plan of care; and
- services are provided by the same individual and on the same visit as other Qualified Long-Term Care Services.



## SECTION 2. BENEFITS

### 2.1 CONDITIONS ON ELIGIBILITY FOR BENEFITS

**Qualifying Expenses.** Benefits are provided for the Insured's Need for Long-Term Care only when:

- the Insured has a Need for Long-Term Care while this policy is in force;
- expenses are incurred for Qualified Long-Term Care Services from Appropriate Providers of Care;
- a plan of care, as described in section 4.1, has been developed by a Licensed Health Care Practitioner;
- satisfactory proof of loss as described in Section 4 has been provided to the Company; and
- the benefits are not excluded under Section 3.

**Alternate Plan of Care.** In addition, if the Insured would otherwise require Qualified Long-Term Care Services from an Appropriate Provider of Care, the Company may provide benefits through other means under a written plan of care. This plan of care must be agreed to by the Insured, a Licensed Health Care Practitioner, and the Company.

### 2.2 LONG-TERM CARE BENEFIT

The Company will pay a Daily Benefit for Qualifying Expenses covered by this policy.

The Daily Benefit is the lesser of the Maximum Daily Limit, or the Daily Covered Charge for the Appropriate Provider of Care.

If the Insured has more than one Appropriate Provider of Care in a day, only one Maximum Daily Limit will apply. That Maximum Daily Limit will be the highest Maximum Daily Limit of any one Appropriate Provider of Care used in that day.

When benefits are payable they will be paid at least monthly. The benefit payable will be the sum of the Daily Benefits for the time period for which expenses are being reimbursed.

In addition, the sum of all benefits paid, including benefits paid for respite care and caregiver training, under this policy will never be greater than the Benefit Account Value.

### 2.3 RESPITE CARE

The Daily Benefit will also be payable prior to the Beginning Date if all the other requirements for benefits are met, and the Insured is receiving respite care. When the Daily Benefit is paid for respite care, it does not count as a day of expense for purposes of meeting the Beginning Date.

Respite care is 24-hour-a-day care provided by one of the Appropriate Providers of Care and is intended to give temporary relief to the informal caregiver (such as a family member). The maximum number of days of respite care expense that are covered in each calendar year is 21.

### 2.4 CAREGIVER TRAINING BENEFIT

A benefit will be payable prior to or after the Beginning Date when the Company has determined that the following requirements are met:

- the Insured has a Need for Long-Term Care while this policy is in force; and
- expenses are incurred for Qualified Long-Term Care Services to train an informal caregiver, including an Immediate Family Member, to care for the Insured in the home.



A lifetime maximum equal to five times the Nursing Home Maximum Daily Limit in effect at the time caregiver training is first used will be available under this benefit.

This benefit for caregiver training will not be paid to train an informal caregiver who will be paid to care for the Insured. Any amount paid under this benefit will not count as a day of expense for the purposes of meeting the Beginning Date.

## **2.5 PROVIDER ARRANGEMENTS**

From time to time the Company may arrange for long-term care providers or pharmacies to provide discounted goods or services at the option of the Insured. In addition to discounts on Qualifying Expenses, discounts may also be arranged for goods or services not covered by this policy.

If the Company arranges these goods, services and third party provider discounts, the third party service providers are liable to the Insured for the provision of such goods and services. The Company is not responsible for the provision of such goods and services nor is it liable for the failure of the provision of the same.

Further, the Company is not liable to the Insured for the negligent provision of such goods and services by third party service providers. Provider arrangements established by the Company may be revised or discontinued at the discretion of the Company.

## **2.6 OPERATION OF THIS POLICY WITH OTHER COVERAGE**

If benefits payable under this and any other coverage for long-term care are greater than actual expenses, the Daily Benefit payable as described in Section 2 may be adjusted. However, the Benefit Account Value shown on page 3 will not be reduced because of the other coverage. If there is other coverage, the Daily Benefit payable under this policy will be:

- a. the Daily Covered Charge as described in section 1.13; multiplied by
- b. the Maximum Daily Limit for the Appropriate Provider of Care divided by the total of:
  - the Maximum Daily Limit; and
  - the maximum daily benefits payable under all other long-term care policies.

# **SECTION 3. EXCLUSIONS AND LIMITATIONS**

## **3.1 EXCLUSION FOR MENTAL OR NERVOUS DISORDER AND SUBSTANCE ABUSE OR DEPENDENCY**

Qualifying Expenses do not include expenses for care that is provided for a Need for Long-Term Care primarily due to any mental or nervous disorder, or substance abuse or dependency. For purposes of this exclusion:

"Mental or nervous disorder" is a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. These diseases, conditions, or disorders are customarily with-

in the scope of treatment of psychiatrists, psychologists, psychotherapists, or counselors.

The following, however, are not excluded:

- Alzheimer's disease or related disorders, where a clinical diagnosis of Alzheimer's disease by a physician licensed in this state, including history and physical, neurological, psychological and/or psychiatric evaluation, and laboratory studies, has been made to satisfy any requirement for demonstrable proof of organic disease or other proof under the coverage; or



- biologically based brain diseases/serious mental illness, including schizophrenia, paranoid and other psychotic disorders, bipolar disorders (mixed, manic, and depressive); major depressive disorders (single episode or recurrent); and schizoaffective disorders (bipolar or depressive).

"Substance abuse or dependency" includes drug abuse, alcohol abuse, or chemical dependency. This exclusion does not apply to the use of medication as prescribed by a Licensed Physician.

### **3.2 EXCLUSION WHILE INSURED OUTSIDE THE UNITED STATES**

Qualifying Expenses do not include expenses for care that is received outside the United States.

### **3.3 EXCLUSION OF CARE PROVIDED BY AN IMMEDIATE FAMILY MEMBER**

Qualifying Expenses do not include expenses for care that is provided by an Immediate Family Member unless the family member provides such care as an employee of a Home Health Care Agency.

### **3.4 LIMITATION FOR GOVERNMENTAL BENEFITS PAYABLE**

This policy will not pay benefits for any expenses incurred for Qualified Long-Term Care Services that may be reimbursable under any federal, state, or other governmental health care plan or law, except Medicaid, unless otherwise required by law. This limitation includes expenses incurred for Qualified Long-Term Care Services that would have been reimbursable under Medicare but for the application of a deductible or coinsurance amount, except expenses which are reimbursable under Medicare only as a secondary payor. The Company will reduce the Daily Covered Charge by the amount of the expenses that are subject to this limitation. However, any days of Qualifying Expenses paid for by a governmental health care plan or law may be accumulated to meet the Beginning Date.

### **3.5 EXCLUSION OF EXPENSES FOR WHICH A CHARGE IS NOT MADE**

Qualifying Expenses do not include any expenses incurred for Qualified Long-Term Care Services that would normally be provided at no charge in the absence of insurance.

## **SECTION 4. CLAIMS**

### **4.1 CLAIM FOR POLICY BENEFITS**

**Notice of Claim.** To start a claim for benefits, written notice of claim must be given to the Company within 60 days after the start of any loss covered by this policy. If the notice cannot be given within 60 days, it must be given as soon as reasonably possible. The notice should:

- give the Insured's name and policy number; and

- be sent to the Company or be given to an authorized agent of the Company. Mail sent to the Company should be addressed as follows:

Northwestern Long Term Care Ins. Co.  
Attn: Long-Term Care Benefits  
P.O. Box 5709  
Hopkins, MN 55343-5709



**Proof of Loss.** For a claim to be payable, the Company must be provided with satisfactory written proof of loss. This is information that the Company deems necessary to determine whether benefits are payable and, if so, the amount of the benefits. The proof of loss will include: information about the Insured's health that documents the Need for Long-Term Care; proof that the Insured has incurred an expense for long-term care; the amount of the expense; information about the amounts available from any other sources of long-term care benefits; and other information which the Company deems relevant to the claim, from time to time while a claim for long-term care benefits continues. The Company will also need to be provided information as described below under "Other Requirements."

**Plan of Care.** Coverage is provided under this policy only for care that follows a plan of care. The plan of care is a written description of the Insured's needs and a specification of the type, frequency (including duration), and providers of all formal and informal long-term care services required by the Insured. The plan of care must be developed by a Licensed Health Care Practitioner and be in accordance with generally accepted medical and nursing practices.

A plan of care may be developed by any Licensed Health Care Practitioner of the Insured's choice. The Insured may elect to use the services of a Licensed Health Care Practitioner appointed by the Company who will develop the initial plan of care at the expense of the Company. If elected, this service will not reduce the Benefit Account Value.

The plan of care must be updated as the Insured's needs change. If the plan of care is prepared by a Licensed Health Care Practitioner other than the one appointed by the Company, the Company must receive a copy of the plan of care

upon its completion and each time it is updated. The Company retains the right to request periodic updates not more frequently than once every 30 days.

**Claim Forms.** The Company will furnish claim forms for an initial written proof of loss within 15 days after receiving notice of claim. These forms must be completed by the Insured, or the Insured's representative if the Insured is incapable. If these forms are not furnished within the 15-day period, this initial written proof of loss may be made without the use of the Company's forms.

The Company will furnish additional claim forms from time to time while a claim for long-term care benefits continues.

**Written Proof of Loss.** Written proof of loss must be given to the Company within 90 days from the time proof is otherwise required. If the proof is not given within the 90 days, the claim will not be affected if the proof is given as soon as reasonably possible. In any event, the proof required must be given no later than one year and 90 days after the end of each month for which Daily Benefits are claimed unless the Insured was legally incapacitated.

#### **Other Requirements.**

- **Authorizations.** From time to time, the Company will furnish the Insured with authorizations to obtain information the Company deems necessary. These authorizations must be signed by the Insured, or the Insured's representative if the Insured is incapable, and returned to the Company.
- **Medical Examination.** The Company may have the Insured examined by a Licensed Health Care Practitioner.



- **Personal Interview.** The Company may conduct a personal interview or assessment of the Insured including having the Insured evaluated by a care management professional.

Any examination, interview, or assessment will be performed:

- at the Company's expense;
- by a Licensed Health Care Practitioner, interviewer, or care management professional of the Company's choice; and
- as often as is reasonably necessary in connection with a claim.

#### 4.2 TIME OF PAYMENT OF CLAIMS

When the Company has received satisfactory proof of loss and other information as required by section 4.1, the Company will determine the amount of Daily Benefits payable. The Company will pay benefits at least monthly.

#### 4.3 PAYMENT OF CLAIMS

Benefits will be paid to the Insured or to the Insured's estate.

#### 4.4 OVERPAYMENT OF BENEFITS

If for any reason the Insured has received benefits to which the Insured was not entitled, the Insured must reimburse the Company for the overpayment. Any amounts not repaid may be recovered by the Company by offsetting against any

amount otherwise payable to the Insured under this policy, or by other reasonable means.

#### 4.5 APPEALS PROCESS

If the Insured believes the claim decision of the Company is in error, the Insured may request an appeal by sending the Company a letter. The letter should state why the Company should change its decision and should include other information to support the appeal. The letter should also include the name of the Insured, the policy number, and other information to identify the policy. Upon completion of a review, the Company will send the Insured a written notice of the Company's decision.

**Claim Denial.** If a claim is denied, the Company will make available all information directly related to such denial within 60 days of the date of a written request by the Insured unless such disclosure is prohibited under state or federal law.

#### 4.6 LEGAL ACTIONS

No legal action may be brought for benefits under this policy within 60 days after written proof of loss has been given. No legal action may be brought after three years (or a longer period that is required by law) from the time written proof of loss is required to be given.

### SECTION 5. PREMIUMS AND REINSTATEMENT

#### 5.1 PREMIUMS

**Payment.** All premiums after the first are payable to the Company or to an authorized agent. A premium must be paid on or before its due date. A receipt signed by an officer of the Company will be furnished on request.

**Frequency.** Premiums may be paid annually, semi-annually, or quarterly at the published rates of the Company. A change in premium frequency will take effect on the Company's acceptance of the premium for the new frequency. Premiums may be paid on any other frequency approved by the Company.



**Grace Period.** A grace period of 65 days will be allowed for payment of a premium that is not paid on its due date. This policy will be in full force during this period.

**Notice of Unintentional Lapse.** The Company will give at least 30 days notice to the Insured and to the Secondary Addressee, if applicable, at the address provided by the Insured, before the effective date of the lapse. Notice will be given by first-class United States mail, postage prepaid, and notice will not be given until 30 days after a premium is due and unpaid. Notice is considered to have been given as of five days after the date of mailing.

This policy will terminate at the end of the grace period if the premium is not paid. However, termination for non-payment of premium will not prejudice any payable claim for a covered loss which begins before termination of this policy.

The policy allows the Insured an option to name a secondary addressee for the purpose of notification of past due premium payment(s) and possible lapse in coverage. If such a secondary addressee has been named, the notice will not be given until thirty (30) days after a premium is due and unpaid.

**Return of Premium At Death.** The Company will return that portion of any premium paid for a period beyond the date of the Insured's death.

**Return of Premium At Cancellation.** The Insured may cancel this policy by giving written notice to the Company. The cancellation will take effect on the date of receipt at the Company or on a later date if specified in the notice. The Company will promptly return the portion of the premium paid for the period beyond the date that the cancellation takes effect. Cancellation will be without prejudice to any claim originating before the effective date of cancellation.

## 5.2 WAIVER OF PREMIUM

The Company will waive premiums on this policy when:

- there are 91 days on which Qualifying Expenses are incurred; or
- the Beginning Date is met, if sooner.

If a premium is to be waived on a policy anniversary, an annual premium will be waived.

If premiums have been paid for a period for which premiums have been waived, such premiums will be refunded on a pro-rata basis. Such pro-rata refunds will be used to reduce future premiums, if any, or if not so used, will be refunded under the Premium Refund at Death or the Premium Refund at Cancellation sections.

The Company will not waive the payment of premiums after there are no longer any Qualifying Expenses. The Insured may then keep this policy in force by resuming the payment of premiums as they become due.

## 5.3 EXTENSION OF BENEFITS

If this policy terminates for non-payment of premium before the Beginning Date during a period in which the Insured is confined in a nursing facility or an alternate living facility, the Company will extend the benefits beyond the date of termination for as long as Qualifying Expenses continue without interruption. This Extension of Benefits is subject to the Beginning Date, the Benefit Account Value, and all other applicable policy provisions.

## 5.4 REINSTATEMENT

This policy may be reinstated within one year after the due date of the overdue premium. All unpaid premiums must be paid to the Company. The Company will also require an application for reinstatement and evidence of insurability. This policy will be reinstated as of the date the overdue premium was paid to the Company if:



- the application is approved by the Company; or
- notice that the application has been disapproved is not given within 45 days from the date the Company receives the application.

**Coverage.** The reinstated policy will cover only a Need for Long-Term Care that occurs after the date of reinstatement.

#### 5.5 REINSTATEMENT FOR UNINTENTIONAL LAPSE

This policy may also be reinstated within five months after the end of the grace period if the Insured provides proof that there was a Need for Long-Term Care at the time of lapse. Satisfactory proof must be provided at the expense of the Insured.

The Company will also require a written request for reinstatement, and all unpaid premiums must be paid to the Company. This policy will be reinstated as of the date of termination as if this policy had never terminated.

#### 5.6 CONTINGENT NONFORFEITURE BENEFIT

If the Insured has declined the option to purchase the Paid-Up Nonforfeiture Benefit, this policy will provide a Contingent Benefit upon lapse as described in this section. This benefit shall be offered to the Insured in the event that the Company increases the premium rates and the cumulative increase of the annual premium is equal to or greater than the percentage of the annual premium rates shown as the Increase Percent in the Triggers for Substantial Premium Increase table.

The Insured shall be notified at least 45 days prior to the due date of the premium reflecting the rate increase.

#### Triggers for Substantial Premium Increase

Issue Age	Increase Percent	Issue Age	Increase Percent
29 & under	200%	72	36
30 - 34	190	73	34
35 - 39	170	74	32
40 - 44	150	75	30
45 - 49	130	76	28
50 - 54	110	77	26
55 - 59	90	78	24
60	70	79	22
61	66	80	20
62	62	81	19
63	58	82	18
64	54	83	17
65	50	84	16
66	48	85	15
67	46	86	14
68	44	87	13
69	42	88	12
70	40	89	11
71	38	90 & over	10

The Contingent Benefit offer will terminate 120 days after the due date of the premium so increased. Until the end of such 120 day time period, the Insured may:

- elect to convert to reduce paid-up coverage; or
- elect to reduce policy benefits provided by the current coverage, without underwriting, so that the premium rate level is not increased.

If, at the end of the 120 day time period, no premium has been paid, the reduced paid-up coverage shall be deemed to have been elected.

Under the Contingent Benefit, the Benefit Account Value shown on page 3 will be reduced to the greater of:

- the sum of all premiums paid for this policy including any waived premiums; and
- 30 times the nursing home Maximum Daily Limit.

However, the total benefits payable under the policy will not be greater than the benefits that would have been payable under the policy if premiums would have continued to have been paid.



If the Contingent Benefit becomes effective as reduced paid-up coverage under this section, the policy will not terminate at the end of the grace period under section 5.1 of the policy if the premium is not paid and no future premiums will

become due. The Insured will be sent a new copy of the schedule of Benefits and Premiums (page 3). At such time, the policy will no longer allow any future benefit increases in the Benefit Account Value and the Maximum Daily Limit.

## **SECTION 6. THE CONTRACT**

### **6.1 ENTIRE CONTRACT; CHANGES**

This policy with the application and attached endorsements is the entire contract between the Insured and the Company. No change in this policy is valid unless approved by an officer of the Company. The Company may require that the policy be sent to it to be endorsed to show a change. No agent has authority to change this policy or to waive any of its provisions.

### **6.2 INCONTESTABILITY**

In issuing this policy, the Company has relied on the application. The Company may rescind this policy or deny a claim due to a material misrepresentation and an intent to deceive by the Insured in the application if this policy has been in force for less than two years from the Date of Issue.

After this policy has been in force for two years from the Date of Issue, no misstatement, except a fraudulent misstatement in the application may be used to rescind this policy or to deny a claim for a Need for Long-Term Care that begins after the two-year period.

### **6.3 CHANGE OF PLAN**

The Insured may change this policy to any plan of long-term care insurance agreed to by the Insured and the Company. The change will be subject to:

- payment of required costs; and
- compliance with other conditions required by the Company.

### **6.4 MISSTATED AGE**

If the age of the Insured has been misstated, the benefits will be those which the premiums paid would have purchased at the correct age.

### **6.5 CONFORMITY WITH STATE STATUTES**

Any provisions of this policy which, on the Date of Issue, are in conflict with the statutes of the State of Issue on that Date are amended to conform to such statutes. The State of Issue is shown on page 3.

### **6.6 DIVIDENDS**

The Company may apportion and pay dividends annually. Any such dividends will be paid at the end of the policy year if all premiums due have been paid.

Any dividends will be used to reduce future premiums, or if not so used will be paid upon death of the Insured or cancellation of this policy.

### **6.7 DATES**

Provided the first premium is paid, this policy will take effect on the Date of Issue. Policy months, years, and anniversaries are computed from the Policy Date. Both dates are shown on page 3 of this policy.

### **6.8 TERMINATION**

If premiums are paid when due, this policy will not terminate until the earlier of:

- the death of the Insured; or
- the date on which the total amount of benefits paid under this policy equals the Benefit Account Value.



**It is recommended that you . . .**

read your policy.

notify your Northwestern Long Term Care Insurance Company agent or the Company at P.O. Box 5709, Hopkins, Minnesota 55343-5709, of an address change.

call your Northwestern Long Term Care Insurance Company agent for information -- particularly on a suggestion to terminate or exchange this policy for another policy or plan.

## **LONG-TERM CARE INSURANCE POLICY**

### **Eligible for Annual Dividends**

Guaranteed Renewable for Life

Premiums Subject to Change by Class

Countersigned by \_\_\_\_\_  
Licensed Resident Agent

RS.LTC.(1101)



**Northwestern Long Term Care  
Insurance Company**

# SURVIVORSHIP BENEFIT

## 1. THE BENEFIT

This policy will become paid-up so that no future premiums will be due on this policy after the death of the Insured's Spouse provided:

- the Insured and the Insured's Spouse each have a long-term care policy with this Survivorship Benefit; and
- this Benefit has not terminated due to the Insured's written request or for nonpayment of premium.

However, premiums will be due for the first seven years that this Benefit is in force if the Insured's Spouse dies during that time.

The Insured's Spouse is the person named on page 3 of this policy.

**Premium For Benefit.** The premium for this Benefit is shown on page 3.

## 2. PROOF OF DEATH

Before this policy becomes paid-up under this Benefit, proof that the Insured's

Spouse has died must be given to the Company.

Proof must be given within one year from the date of death. However, eligibility for this Benefit will not be affected if the proof is given as soon as reasonably possible.

## 3. TERMINATION OF BENEFITS

This Benefit will terminate:

- when this policy is cancelled or terminates; or
- when the Insured's Spouse's policy is cancelled or terminates for nonpayment of premium; or
- if the Insured or the Insured's Spouse has a Paid-Up Nonforfeiture Benefit which becomes effective; or
- when the Insured's or Insured's Spouse's written request is received at the Company.



Secretary

NORTHWESTERN LONG TERM  
CARE INSURANCE COMPANY

APPROVED  
ANA SMITH-DALEY  
MAR 28 2002  
DEPUTY INSURANCE COMMISSIONER  
Life / Health Group  
State of Texas

# AUTOMATIC ADDITIONAL PURCHASE BENEFIT ENDORSEMENT

## 1. THE BENEFIT

The Company will annually increase the Maximum Daily Limits shown on page 3 by 5%. The Company will also annually increase the Benefit Account Value shown on page 3 as described below. Increases will start on the first policy anniversary and will continue on each policy anniversary after that unless the Insured refuses an increase, regardless of the Insured's health. Increased coverage will remain in effect for as long as the policy is in force and any premiums which are due for the increased Maximum Daily Limits are paid.

## 2. PREMIUM

The first premium for the Benefit is shown on page 3. On each policy anniversary when coverage increases, an additional premium will be payable for the increase. Premiums for each increase in coverage provided by this Benefit are expected to remain constant. **All premiums are not guaranteed and may be changed by class.**

## 3. HOW THE INCREASES ARE DETERMINED

The increase in each Maximum Daily Limit is:

- the Maximum Daily Limit on the prior policy anniversary; multiplied by
- 5%.

After the increase is made, the Maximum Daily Limit in force is the Maximum Daily Limit on the prior policy anniversary plus the increase in the Maximum Daily Limit.

If the Benefit Account Value shown on page 3 is not "unlimited," the Benefit Account Value is also increased on the policy anniversary. The increase in the Benefit Account Value is:

- the Benefit Account Value Remaining; multiplied by
- 5%.

The Benefit Account Value Remaining is the Benefit Account Value on the prior policy anniversary, less the total of all Daily Benefits paid or payable up to the current policy anniversary.

After the increase is made, the current Benefit Account Value in force is the Benefit Account Value on the prior policy anniversary plus the increase in the Benefit Account Value.

## 4. BENEFIT INCREASES

**Benefits Payable.** If long-term care benefits are payable, an increase will occur automatically on the policy anniversary, regardless of whether or not the Insured has refused prior increases under this Benefit as long as this Benefit remains in force.

**Benefits not Payable.** If long-term care benefits are not payable, an increase will occur on each policy anniversary unless the Insured has refused an increase. No increases will be made when benefits are not payable after the Insured refuses two increases.

**Refusing an Increase.** The Insured can refuse to accept an increase:

- by not paying the increased premium resulting from this Benefit; or
- by sending a written notice to the Company before the increase takes effect or within 30 days after the increase would have taken effect.

## 5. TERMINATION

This Benefit will terminate on the earlier of the following dates:

- the date the policy terminates; or
- the date the Company receives the Insured's written request.

APPROVED  
ANA SMITH-DALEY  
MAR 28 2002

INSURANCE COMMISSIONER  
Northwestern Long Term Care Insurance Company of Texas

  
Secretary  
NORTHWESTERN LONG TERM  
CARE INSURANCE COMPANY





**LONG-TERM CARE INSURANCE  
OUTLINE OF COVERAGE FOR RS.LTC.(1101)  
Guaranteed Renewable For Life**

Caution: The issuance of this long-term care insurance policy is based upon your responses to the questions on your application. A copy of your application will be enclosed in the policy. If your answers are incorrect or untrue, the Company may have the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact the Company at this address: P. O. Box 5709, Hopkins, Minnesota 55343-5709.

The policy is intended to be a **qualified** long-term care insurance contract under section 7702B(b) of the Internal Revenue Code of 1986.

**(1) POLICY DESIGNATION**

The policy is an individual policy of insurance.

**(2) PURPOSE OF OUTLINE OF COVERAGE**

This outline of coverage provides a very brief description of the important features of the policy. You should compare this outline of coverage to outlines of coverage for other policies available to you. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR POLICY CAREFULLY!**

**(3) TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED**

**Right To Return Policy.** The policy may be returned by the Insured for any reason within 30 days after it was received. Any premium paid will be fully refunded.

**Premium Return At Death Or Cancellation.** The Company will return that portion of any premium paid for a period beyond the date of the Insured's Death or beyond the date of cancellation by the Insured.

**(4) THIS IS NOT MEDICARE SUPPLEMENT COVERAGE**

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the insurance company. Neither the Northwestern Long Term Care Insurance Company nor its agents represent Medicare, the federal government or any state government.

FILE FOR INFORMATION ONLY

MAR 28 2002

TEXAS DEPT OF INSURANCE

## **(5) LONG-TERM CARE COVERAGE**

Long-term care insurance is designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services, provided in a setting other than an acute unit of a hospital, such as in a nursing home, in the community, or in the home. Coverage is provided for the benefits outlined in paragraph six of this subsection. The benefits described in paragraph six of this subsection may be limited by the limitations and exclusions in paragraph seven of this subsection.

The policy provides coverage in the form of a benefit for reimbursement for covered long-term care expenses, subject to policy limitations and waiting periods.

## **(6) BENEFITS PROVIDED BY THE POLICY**

To be eligible for payment of benefits, the Company determines that a Licensed Health Care Practitioner has certified within the last 12 months that the Insured is chronically ill (has a Need for Long-Term Care), and qualified services are received from Appropriate Providers of Care. A Need for Long-Term Care means the Insured needs substantial assistance to perform two of the Activities of Daily Living for at least 90 days, or the Insured needs substantial supervision to protect the Insured from threats to health and safety due to a severe cognitive impairment. Substantial assistance means hands-on assistance and standby assistance. The Activities of Daily Living are:

- Bathing – Washing by sponge bath, or washing in either a tub or shower, including the task of getting into or out of the tub or shower;
- Continence – Ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag);
- Dressing – Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs;
- Eating – Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously;
- Toileting – Getting to and from the toilet, on and off the toilet, and performing associated personal hygiene; and
- Transferring – Sufficient mobility to move into or out of a bed, chair or wheelchair or to move from place to place, either via walking, a wheelchair or other means.

A severe cognitive impairment means a loss or deterioration in intellectual capacity that is comparable to and includes Alzheimer's disease and similar forms of irreversible dementia.

The amount of the Long-Term Care Benefit owed for each day is the smaller of: (1) 100% of the daily covered expense for the setting of care; and (2) the Daily Limit for the particular setting where care was received. Benefits begin on the Beginning Date. The total of benefits payable under the policy will not be greater than the Benefit Account Value.

The Daily Benefit will also be payable prior to the Beginning Date if the other requirements for benefits to be payable are met, and the Insured is receiving respite care. Respite care is care provided in one of the appropriate care settings and is intended to give temporary relief to the informal caregiver.

A benefit of five times the Nursing Home Daily Benefit will be available to pay for expenses to train an informal caregiver. This benefit is available prior to or after the Beginning Date.



The Company may apportion and pay dividends annually. Any dividends will be used to reduce future premiums.

## **(7) LIMITATIONS AND EXCLUSIONS**

There will be no benefits for:

- a Need for Long-Term Care that is primarily due to a mental disorder, or substance abuse or dependency;
- care which is received outside the United States;
- care which is provided by an Immediate Family Member; unless the family member provides such care as an employee of a Home Health Care Agency;
- any care that may be payable under any federal, state or other governmental health care plan or law, except Medicaid. This limitation includes expenses incurred for Qualified Long-Term Care Services that would have been reimbursable under Medicare but for the application of a deductible or coinsurance amount, except expenses which are reimbursable under Medicare only as a secondary payor; or
- expenses that would normally be provided at no charge in the absence of insurance.

If benefits payable under the policy and any other coverage for long-term care are greater than actual expenses, the benefit payable may be adjusted.

## **THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.**

## **(8) RELATIONSHIP OF COST OF CARE AND BENEFITS**

Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. The benefit level will not increase over time without the purchase of an additional benefit. If elected, the Automatic Benefit Increase or the Automatic Additional Purchase Benefit listed in the Additional Benefits Available for Extra Premium section below may supplement the benefits provided by the basic policy. The guaranteed option to buy additional benefits is under the Additional Benefits section below. The additional benefit increases are made regardless of the Insured's health. Under ABI premiums will not increase due to the increase in coverage. Under AAPB, the premium will increase on each policy anniversary due to the increase in coverage. [These two benefits are also described below under Offer Of Inflation Protection.]

## **ADDITIONAL BENEFITS AVAILABLE FOR EXTRA PREMIUM**

Additional benefits that you elected to be part of your policy are checked in the Benefits and Premiums section below.

### **• Survivorship Benefit**

The Policy will become paid-up on the death of the Insured's Spouse. The Spouse must also have a long-term care policy with this benefit. Premiums will be due for the first seven years that this Benefit is in force if the Insured's Spouse dies during that time.

## **(9) TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED RENEWABILITY: THE POLICY IS GUARANTEED RENEWABLE FOR LIFE**

You have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums on time. The Northwestern Long Term Care Insurance Company cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY. The Company has the right to change premiums on a class basis.

Case 2:20-cv-01090-BIL Filed 09/21/20 Page 25 of 167 Document 19-4

**Waiver Of Premium Provisions.** Premiums will be waived when there are 91 days on which Qualifying Expenses are incurred or the Beginning Date is met, whichever is sooner. If a premium is waived on a policy anniversary, an annual premium will be waived.

**(10) ALZHEIMER'S DISEASE, OTHER ORGANIC BRAIN DISORDERS, AND BIOLOGICALLY BASED BRAIN DISEASES/SERIOUS MENTAL ILLNESS.**

The policy does not exclude coverage for Insured's clinically diagnosed as having Alzheimer's disease or related degenerative and dementing diseases, or due to biologically based brain diseases/serious mental illness, including schizophrenia, paranoid and other psychotic disorders, bipolar disorders (mixed, manic, and depressive); major depressive disorders (single episode or recurrent); and schizo-affective disorders (bipolar or depressive).

**(11) PREMIUM**

Maximum Daily Limit		Beginning Date _____	day of Qualifying Expenses
Nursing Home	\$ _____ per day	Benefit Account Value	\$ _____
Alternate Living Facilities	\$ _____ per day	Premium Mode	_____
Home Health			
or Adult Day Care	\$ _____ per day		

	<b>Premium</b>
BASIC POLICY	\$ _____

**ADDITIONAL BENEFITS:**

<b>Benefit Increases</b>	
<input type="checkbox"/> Automatic Benefit Increase	\$ _____
<b>OR</b>	
<input type="checkbox"/> Automatic Additional Purchase Benefit	\$ _____
 <input type="checkbox"/> Paid Up Nonforfeiture Benefit	 \$ _____
 <input type="checkbox"/> Survivorship Benefit	 \$ _____
 TOTAL GROSS PREMIUM	 \$ _____

**Right to Change Premium.** The Company has the right to change premiums on a class basis.

**Grace Period.** A grace period of 65 days will be allowed for payment of a premium that is not paid on its due date. The policy will be in full force during this period.

The Company will give at least 30 days notice to the Insured and to the Secondary Addressee, if applicable, at the address provided by the Insured, before the effective date of the lapse. Notice will be given by first class United States mail, postage prepaid, and notice will not be given until 30 days after a premium is due and unpaid. Notice is considered to have been given as of five days after the date of mailing.



The policy will terminate at the end of the grace period if the premium is not paid. However, termination for non-payment of premium will not prejudice any payable claim for a covered loss which begins before termination of the policy.

**(12) TEXAS DEPARTMENT OF INSURANCE CONSUMER HELP LINE**

The prospective Insured may call the Texas Department of Insurance's Consumer Help Line at 1-800-252-3439 for agent, Company, and any other insurance information, and 1-800-599-SHOP to order publications related to long-term care coverage, and the Texas Department of Aging at 1-800-252-9240 to receive counseling regarding the purchase of long-term care or other health care coverage.

**(13) DENIAL OF APPLICATION**

Within 30 days of denial of an application, the Company will refund any premium paid by a long-term care applicant.

**(14) OFFER OF INFLATION PROTECTION**

Either of the following two additional benefits may be elected to provide inflation protection. If you elect one of these benefits, the benefit is checked in the Benefits and Premium Section.

- **Automatic Benefit Increase**

The Company will annually increase the Maximum Daily Limits and the Benefit Account Value. Each increase will be based on an increase of 5% compounded annually. The premium is payable for the life of the policy. Premiums will not increase due to increase in coverage.

- **Automatic Additional Purchase Benefit**

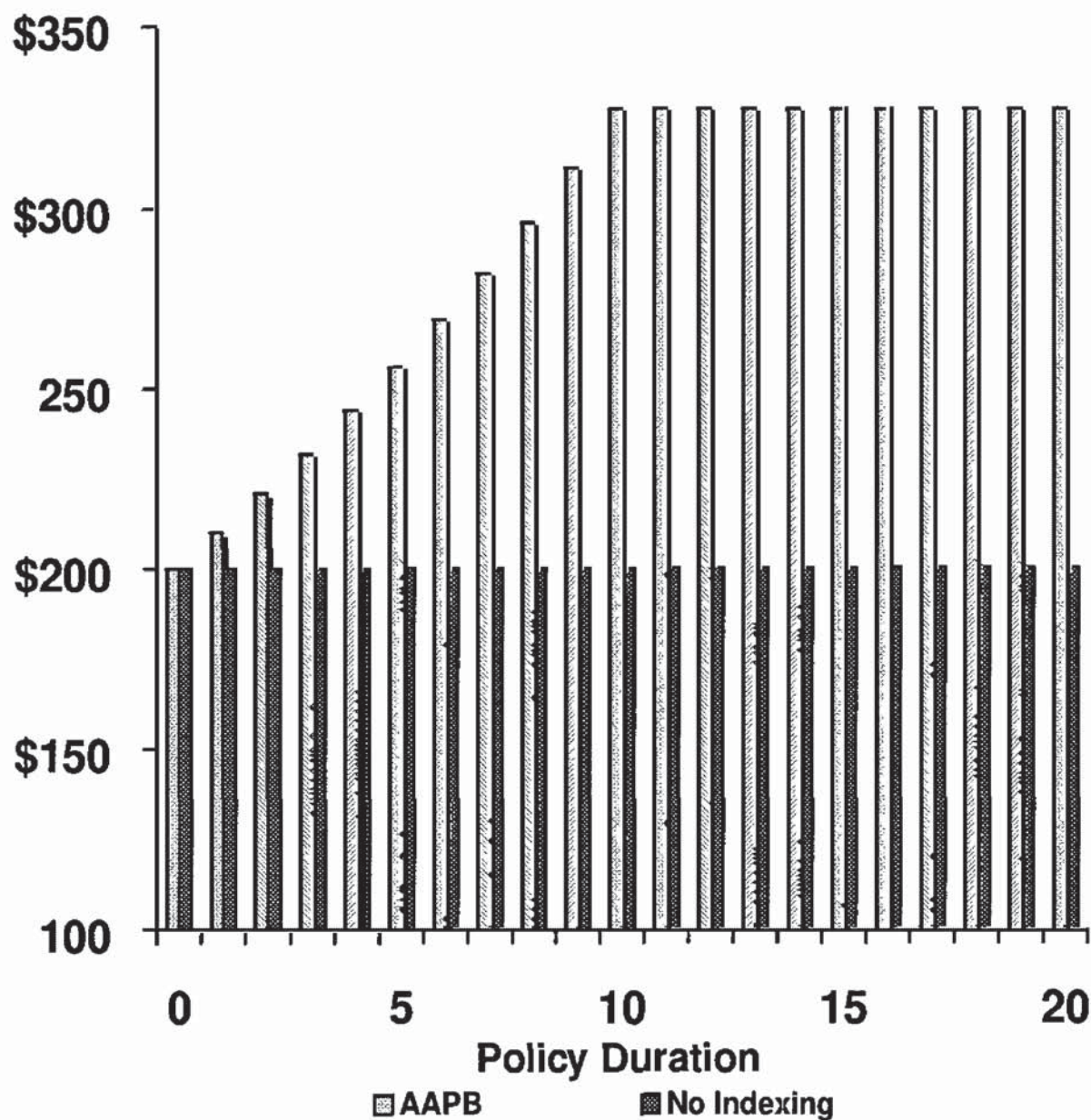
The Company will annually increase the Maximum Daily Limits and the Benefit Account Value based on 5% compounded annually. The premium will increase on each policy anniversary when coverage increases. The Insured has the option to refuse two increases while benefits are not payable. Once the Insured refuses two increases, the Insured will not have the option to increase this benefit. The increases will occur automatically once the Insured is on claim, even if the Insured has refused the increases twice as long as this benefit remains in force.

# AAPB Indexing

## Benefit Comparison

Age 65, 91 Day Beginning Date, 6 Year Benefit Period

Maximum Daily Limit - \$200 Nursing Home, \$100 Home Health and Adult Day Care



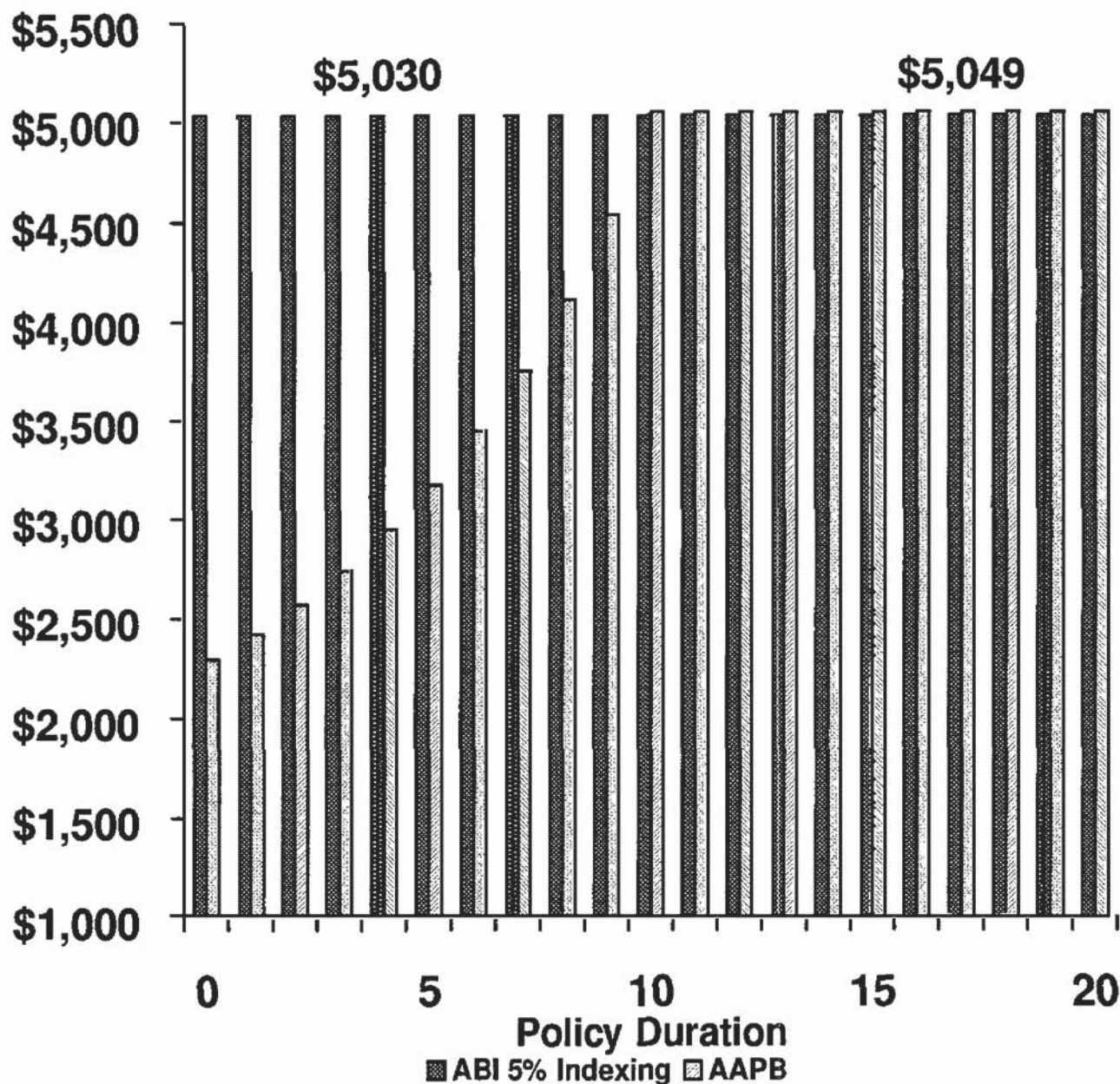


# Premium Comparison

## ABI vs. AAPB

Age 65, 91 Day Beginning Date, 6 Year Benefit Period

Maximum Daily Limit - \$200 Nursing Home, \$100 Home Health and Adult Day Care





### (15) OFFER OF NONFORFEITURE BENEFITS

If you elect the Paid-Up Nonforfeiture Benefit, the benefit is checked in the Benefits and Premiums Section. Beginning on the third policy anniversary, the Company will provide a Nonforfeiture Benefit if any premium is unpaid at the end of the grace period.

The following example assumes an Insured, issue age 65, 91 Day Beginning Date, 6 year Benefit Period, Maximum Daily Limit - \$200 Nursing Home, \$100 Home Health and Adult Day Care, no inflation option.

Total annual premium is \$2,264 which includes the Paid-Up Nonforfeiture Benefit premium of \$226. The election of the Nonforfeiture Benefit Increases this total premium by 11%.

<u>Age at end of policy year</u>	<u>Duration</u>	<u>Total Premium Paid</u>	<u>Total Nonforfeiture Benefit Paid</u>	<u>Shortened Benefit Period</u>
68	3	\$ 6,792	\$ 678	34 days
75	10	\$ 22,640	\$ 2,260	113 days
85	20	\$ 45,280	\$ 4,520	226 days
95	30	\$ 67,920	\$ 6,780	340 days

**Contingent Nonforfeiture.** If the premium rate for the policy goes up in the future and you have not elected to purchase an optional nonforfeiture benefit, you may be eligible for contingent nonforfeiture. Under contingent nonforfeiture, you can elect to convert to reduced paid-up long-term care coverage, or you can elect to reduce your policy benefits provided by your current coverage, without underwriting, so that the premium rate level is not increased, if there is a substantial premium increase as defined by state law and you lapse your policy by not paying your premiums within 120 days of the increase. The amount of coverage you will keep will equal the amount of premiums you have paid since the policy was issued. This amount may be further reduced if you have already received benefits under the policy. Under contingent nonforfeiture, your policy, with this reduced maximum benefit amount, will be considered "paid up" with no further premiums due.

### (16) DISCLOSURE REGARDING FEDERAL TAX TREATMENT OF LONG-TERM CARE INSURANCE POLICY

The policy is intended to be a qualified long-term care contract as defined by the Internal Revenue Code of 1986, § 7702B(b). There may be tax consequences associated with the purchase of a qualified long-term care insurance contract, such as tax deductibility of premiums and the exclusion from taxable income of benefits. The prospective Insured is urged to consult with a qualified tax advisor.

### (17) ADDITIONAL FEATURES

The policy is medically underwritten.

**Appeals Procedure.** The Insured may submit a written request for review by the Company of the denial of a benefit under the policy. The Company will send the Insured a written explanation of the Company's decision.



**Reinstatement For Unintentional Lapse.** The policy may be reinstated within five months after the end of the grace period if the Insured provides proof that there was a Need for Long-Term Care at the time of lapse. Satisfactory proof must be provided at the expense of the Insured. The Company will also require a written request for reinstatement, and all unpaid premiums must be paid to the Company. The policy will be reinstated as of the date of termination as if the policy had never terminated.

**Claim inquires should be directed to the Company's long-term care administration office at P.O. Box 5709, Hopkins, Minnesota 55343-5709, (800) 890-6704, or to your nearest general agency.**

A Northwestern Mutual Company

P.O. Box 5709

Hopkins, MN 55343-5709

Policy: (Policy #)

Insuring: (Insured's Name)

**Date Of Reinstatement:****Deadline -- (mm/dd/yyyy)**

If the Company reinstates the policy, the Date of Reinstatement will be the date this Request to Reinstate is signed.

**Agreement Of Coverage:**

It is acknowledged by the Insured that the policy is not in force at this time. In order for the policy to be reinstated, all overdue premiums must be paid to the Company and the Insured must be an acceptable risk. It is understood and agreed that the insurance will take effect only if this Request to Reinstate is accepted by the Company. If the Insured is not an acceptable risk to the Company under its rules and standards on the date this Request is signed, all money paid with this Request will be returned. If the Request is acceptable to the Company, insurance will only cover a Need for Long-Term Care that occurs after the Date of Reinstatement.

If the Insured returns this completed Request to Reinstate with the required payment, the Company will provide a conditional receipt to the Insured for the Agreement of Coverage as stated above.

**Incontestability:**

If the Company reinstates this policy, it will rely on the following:

1. This request to reinstate.
2. The original application for the policy.

**APPROVED**  
**ANA SMITH-DALEY**  
**MAR 28 2002**  
 DEPUTY INSURANCE COMMISSIONER  
 Life / Health Group  
 State of Texas

The Company may rescind the policy or deny a claim due to a material misrepresentation in this Request if the policy has been in force for less than two years from the Date of Reinstatement. After the policy has been in force for two years from the Date of Reinstatement, no misstatement, except a fraudulent misstatement in this Request or in the application for the policy may be used to rescind the policy or to deny a claim for a Need for Long-Term Care that begins after the two-year period.

**Additional Information:**

The Company may request additional information as evidence of insurability. If more information is required, we will send the Insured an Authorization which must be signed by the Insured and returned to the Company.

The Insured declares that the answers and statements in the Statement of Health are true and complete to the best of the Insured's knowledge and belief. The Insured further declares that all exceptions have been fully stated and agrees that these statements shall form a part of the Request to Reinstate. Statements in this Request are representations and not warranties.

Insured \_\_\_\_\_

Date \_\_\_\_\_

Some states require us to inform you that any person who, with intent to defraud, or with knowledge that he/she is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement, may be subject to criminal and civil penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.



**Request To Reinstate (page 2 of 2)**

Policy: (Policy #)  
Insuring: (Insured's Name)

**Deadline -- (mm/dd/yyyy)**

A check for (\$amount) must accompany both pages of this Request to Reinstate and be received by (mm/dd/yyyy). All payments must be made payable to the order of **Northwestern Long Term Care Insurance Company**.

If the policy is reinstated, the next premium will be due on (mm/dd/yyyy).

The Insured requests reinstatement of policy (policy #). The policy will be reinstated if evidence of insurability satisfactory to Northwestern Long Term Care Insurance Company and payment of the cost to reinstate (\$amount) are received at the Administration Office, P.O. Box 5709, Hopkins, MN 55343-5709 by (mm/dd/yyyy).

**Statement of Health**

The Insured declares that since (mm/dd/yyyy), the Insured's condition of health has not changed, and that the Insured has not:

1. applied for life, disability, long-term care, or health insurance which has been declined, postponed, rated, or modified;
2. been medically diagnosed or treated for any symptom, illness, disease, or accident;
3. been admitted to a clinic, hospital, convalescent, nursing, or medical facility for observation, evaluation, a diagnostic test, an operation, or treatment;
4. been evaluated or treated by a licensed physician (including psychiatrist), psychologist, or chiropractor (this includes the Insured's usual medical attendant), or visited a counselor, social worker, or other health care practitioner;
5. required human assistance or received help in any way with any of the following activities: moving in or out of bed or a chair, controlling bowel or bladder, bathing, eating, dressing, using the toilet, or taking his/her medications;
6. been evaluated for or received nursing home care, home health care (including visiting nurse, therapist, or home health aide visits), or adult day care services;
7. used a hospital bed, oxygen equipment, cane, quad cane, walker, wheelchair, or motorized scooter.

If there are any exceptions to any of the above statements, explain in full, including all names and addresses of health care providers and related dates in the space below (attach additional paper, if necessary).

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**Deadline For This Request:**

This Request must be received in the Administration Office by the deadline shown at the top of this form. After the deadline, a complete long-term care insurance application must be submitted to restore coverage.

**(Please return both pages of the Request To Reinstate)**



NORTHWESTERN LONG TERM CARE INSURANCE COMPANY  
Administration Office, P.O. Box 5709, Hopkins, MN 55343-5709

PERSONAL HEALTH AND STATUS DECLARATION  
SUPPLEMENT TO LONG-TERM CARE INSURANCE APPLICATION

INSURED (FIRST, MI, LAST)

This form is submitted for: (Select one)

- (1) ☐ Delivery of Policy: Policy Number(s) \_\_\_\_\_  
(See Conditions for Delivery of Policy below)
- (2) ☐ Change of Policy: Policy Number(s) \_\_\_\_\_ (Complete one copy and submit with change request)
- (3) ☐ OTHER \_\_\_\_\_

I hereby declare that since the date of my Long-Term Care Insurance application to Northwestern Long Term Care Insurance Company the condition of my health has not changed and that I have not:

1. applied for life, disability, long-term care insurance, or health insurance which has been declined, postponed, rated or modified;
2. been medically diagnosed or treated for any symptom, illness, disease, or accident;
3. been admitted to a clinic, hospital, convalescent, nursing or medical facility for observation, evaluation, a diagnostic test, an operation, or treatment;
4. been evaluated or treated by a licensed physician (including psychiatrist), psychologist, or chiropractor (this includes my usual medical attendant), or visited a counselor, social worker, or other health care practitioner;
5. required human assistance or receive help in any way with any of the following activities: moving in or out of bed or a chair, controlling bowel or bladder, bathing, eating, dressing, using the toilet, or taking your medication;
6. been evaluated for or received nursing home care, home health care (including visiting nurse, therapist, or home health aide visits), or adult day care services;
7. used a hospital bed, oxygen equipment, cane, quad cane, walker, wheelchair, or motorized scooter.

If there are any exceptions to any of the above statements, explain in full, including all names and addresses of health care providers and related dates in the space below (attach additional paper, if necessary).

I declare that the answers and statements contained in this declaration are correctly recorded, complete and true to the best of my knowledge and belief. Statements in this declaration are representations and not warranties.

Signed at \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
CITY, STATE MM/DD/YYYY INSURED

Some states require us to inform you that any person who, with intent to defraud, or with knowledge that he/she is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be subject to criminal and civil penalties, depending upon state. Such actions may be deemed a felony and substantial fines may be imposed.

CONDITIONS FOR DELIVERY OF POLICY

Prior to delivery the agent **must** insert the Insured's copy in each policy and complete the statement below attesting to the fact that this insertion has been made.

1. If no exceptions are entered in the space provided, delivery of the policy may be made. The completed copy of this form, so attested, is to be sent to Northwestern Long Term Care Insurance Company.
2. If any exception is noted, the policy is not to be delivered or the premium collected until the attested copy of this page has been sent to Northwestern Long Term Care Insurance Company and delivery of the policy has been authorized.

I attest that a true copy of this declaration has been attached to the policy

Date (MM/DD/YYYY) \_\_\_\_\_



**NORTHWESTERN LONG TERM CARE INSURANCE COMPANY**  
Administration Office, P.O. Box 5709, Hopkins, MN 55343-5709

**PERSONAL HEALTH AND STATUS DECLARATION**  
**SUPPLEMENT TO LONG-TERM CARE INSURANCE APPLICATION**

INSURED (FIRST, MI, LAST)

**This form is submitted for: (Select one)**

- (1) ☐ Delivery of Policy: Policy Number(s) \_\_\_\_\_  
(See Conditions for Delivery of Policy below)
- (2) ☐ Change of Policy: Policy Number(s) \_\_\_\_\_ (Complete one copy and submit with change request)
- (3) ☐ OTHER \_\_\_\_\_

*I hereby declare that since the date of my Long-Term Care Insurance application to Northwestern Long Term Care Insurance Company the condition of my health has not changed and that I have not:*

1. applied for life, disability, long-term care insurance, or health insurance which has been declined, postponed, rated or modified;
2. been medically diagnosed or treated for any symptom, illness, disease, or accident;
3. been admitted to a clinic, hospital, convalescent, nursing or medical facility for observation, evaluation, a diagnostic test, an operation, or treatment;
4. been evaluated or treated by a licensed physician (including psychiatrist), psychologist, or chiropractor (this includes my usual medical attendant), or visited a counselor, social worker, or other health care practitioner;
5. required human assistance or receive help in any way with any of the following activities: moving in or out of bed or a chair, controlling bowel or bladder, bathing, eating, dressing, using the toilet, or taking your medication;
6. been evaluated for or received nursing home care, home health care (including visiting nurse, therapist, or home health aide visits), or adult day care services;
7. used a hospital bed, oxygen equipment, cane, quad cane, walker, wheelchair, or motorized scooter.

**If there are any exceptions to any of the above statements, explain in full, including all names and addresses of health care providers and related dates in the space below (attach additional paper, if necessary).**

I declare that the answers and statements contained in this declaration are correctly recorded, complete and true to the best of my knowledge and belief. Statements in this declaration are representations and not warranties.

Signed at \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
CITY, STATE MM/DD/YYYY INSURED

**Some states require us to inform you that any person who, with intent to defraud, or with knowledge that he/she is facilitating a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be subject to criminal and civil penalties, depending upon state. Such actions may be deemed a felony and substantial fines may be imposed.**



Complete Part A for all policy changes

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Policy Number

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**INSURED'S NAME:** (First, MI, Last) please print \_\_\_\_\_

**Complete only Sections that apply.**

**1 NEW BENEFITS APPLIED FOR**

**A. New Nursing Home and Alternate Living Facility Daily Limit Applied For**

(The Daily Limit for Alternate Living Facility Care will be 75% of the amount of the Nursing Home Daily Limit, for RR Series only.)

\$ \_\_\_\_\_

**B. New Home Health and Adult Day Care Daily Limit**

(As a percentage of the amount chosen in Nursing Home and Alternate Living Facility Daily Limit)

☐ 50% ☐ 100%

**C. New Benefit Period**

☐ 3 Year (1095 Days) ☐ 6 Year (2190 Days) ☐ Lifetime

**D. New Beginning Date**

☐ 46 day (RS Series Only) ☐ 91 day ☐ 181 day

**APPROVED**  
**ANA SMITH-DALEY**  
**MAR 28 2002**  
**DEPUTY INSURANCE COMMISSIONER**  
 Life / Health Group  
 State of Texas

**2 INFLATION PROTECTION OPTIONS**

**A. Automatic Benefit Increase**

☐ Attach  
☐ Terminate

**B. Automatic Additional Purchase Benefit**

☐ Attach  
☐ Terminate (See Caution on cover page)

**3 OTHER ADDITIONAL BENEFITS**

**A. Survivorship Benefit – RS Series only** (See LTC Administration and Reference Manual for details on availability)

Attach: ☐ Effective as of last anniversary  
☐ Effective on next anniversary

**1. Name of Spouse (First, MI, Last)** \_\_\_\_\_

**2. Spouse's Taxpayer ID Number (SSN)** \_\_\_\_\_

**3. Spouse's Date of Birth (MM/DD/YYYY)** \_\_\_\_\_

**4. Spouse's Policy Number** (Complete only if spouse has an inforce NLTC policy) \_\_\_\_\_

NOTE: The Spousal Discount will automatically be applied to both policies.

☐ Terminate (Benefit will be terminated on both linked policies)

**B. Paid-Up Nonforfeiture Benefit**

☐ Attach ☐ Terminate

**4 PREMIUM FREQUENCY**

☐ Annually ☐ Semiannually ☐ Quarterly ☐ Monthly (EFT) – COMPLETE ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM.

**5 SPECIAL POLICY DATE – Only available within 90 days after issue**

**A.** ☐ Backdate to save age ONLY

**B.** ☐ Remove Backdating Request



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**6 REPLACEMENT**

As a result of this change, will any long-term care, medical, or health insurance coverage be replaced? ..... ☐ Yes ☐ No

If "Yes," name of insurer being replaced \_\_\_\_\_

AGENT: IF "YES," COMPLETE THE REPLACEMENT NOTICES (90-1975 AND 90-1976 LTC).

**REMARKS SECTION: (Identify Question Number)**

Question #	Details
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**CHANGE PROVISIONS**

**EFFECTIVE DATE**

If the coverage change request was signed **within 90 days** after the Date of Issue, the change will be effective as of the Date of Issue.

Unless previously stated, if the coverage change request was signed **91 or more days** after the Date of Issue, the change will be effective with the next premium due date after receipt of the completed change request.

**INCREASES IN RISK**

No additional insurance or additional benefits will be in force at any time if the Insured is not a risk acceptable to Northwestern Long Term Care Insurance Company. Any increases in risk will be acceptable only if the Insured pays the extra premium when due. Applications for Policy Change will be deemed acceptable based on conditions determined by the Company.

**INCONTESTABILITY**

The Incontestability Section in the policy will apply to any increase in risk. For the purpose of that section and with regard to any increase in risk, the Date of Issue will be the date the Policy Change takes effect and the term "application" will be deemed to include Long-Term Care Application for Policy Change and any related medical information submitted over the Insured's signature.

**OTHER PROVISIONS**

In all other respects, other than the changes stated above or requested in this form, the policy will remain the same.

**SUBMISSION WAIVED**

Any provision in the policy about submitting the policy will be deemed complied with when the Company has recorded this form below.



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### AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

The Insured authorizes Northwestern Long Term Care Insurance Company, its agents, employees, reinsurers, insurance support organizations, and their representatives to obtain information about the Insured to evaluate this application and to verify information in this application. This information will include: (a) age; (b) medical history, condition, and care; (c) physical and mental health; (d) income and financial history; (e) driving record; (f) other personal characteristics; and (g) other insurance. This authorization extends to information on the use of alcohol, drugs, and tobacco; the diagnosis or treatment of HIV (AIDS virus) infection and sexually transmitted diseases; and the diagnosis and treatment of mental illness. During the time this authorization is valid, it extends to information required to determine eligibility for benefits under any policy issued as a result of this application.

The Insured authorizes any person, including any physician, health care professional, hospital, clinic, medical facility, government agency including the Veterans and Social Security Administrations, the Medical Information Bureau, Inc. (MIB, Inc.), employer, business associates, consumer reporting agency, banker, accountant, tax preparer, or other insurance company, to release information about the Insured to Northwestern Long Term Care Insurance Company or its representatives on receipt of this Authorization.

The above authorization is valid for 24 months from the date it is signed. This authorization can be revoked by writing to the Administration Office. If the Insured revokes this authorization, the Company may not be able to accept the application. A copy of this authorization is as valid as the original and will be provided on request.

In the course of conducting our business, we may disclose to other parties information we have about the Insured. These disclosures are only made as permitted by law, such as disclosures to our reinsurers, consultants, MIB, administrators, governmental authorities, or as the Insured otherwise authorizes.

The Insured has received a copy of the Medical Information Bureau and Fair Credit Reporting Act notices. The Insured authorizes Northwestern Long Term Care Insurance Company to obtain an investigative consumer report on the Insured.

☐ The Insured requests to be interviewed if an investigative consumer report is done.

**No agent is authorized to make or alter contracts or to waive any of the Company's rights or requirements.**

**CAUTION: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your coverage.**

Print Name of INSURED

Signature of INSURED

Date Signed by INSURED (MM/DD/YYYY)

(City, County & State) Signed by INSURED

Signature of LICENSED AGENT

Some states require us to inform you that any person who, with intent to defraud, or with knowledge that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be subject to criminal and civil penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

**For Long-Term Care Administration Office Completion**

FORM RECORDED AND SUBMISSION OF POLICY WAIVED

Date

Case 2:20-cv-01090-BHL Filed 09/21/20 Page 38 of 167 Document 19-4

By



001241

LONG-TERM CARE INSURANCE **Part A** PAGE 1 of 5

Complete Part A for all applications

Policy Number

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(For NLTC Administration Office Use Only)

☐ Concurrent Life Application ☐ Concurrent DI Application

☐ MultiLife: Complete MultiLife Supplement #60-2006. Enter MultiLife Number: \_\_\_\_\_

Check Here ☐ If Core Group Member

Has an application or informal inquiry ever been made to The Northwestern Mutual Life Insurance Company or its affiliates on the Insured? .....

☐ Yes

☐ No

If "Yes," check all that apply: ☐ Annuity ☐ Life ☐ DI The last policy number is: \_\_\_\_\_

**INSURED INFORMATION**

A. Name: (First, MI, Last) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other \_\_\_\_\_

☐ M (Male)

☐ F (Female)

B. Primary Residence Address

City

State (or foreign country)

Zip Code

C. Taxpayer ID Number (SSN)

D. Birthdate (MM/DD/YYYY)

E. State of Birth (or foreign country)

F. ☐ Single, Widowed, or Divorced  
☐ Married

G. Home Telephone Number  
( )

H. Business Telephone Number  
( )

I. E-mail Address (Optional)

**PREMIUM PAYER - Premium and other notices will be sent to the address indicated**

Select only one: ☐ List Bill (Do not complete Sections 2 and 3, proceed to Section 4)

☐ Insured (Only complete if information is different than Section 1)

☐ Other (complete A through E)

A. Personal Name: (First, MI, Last) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other \_\_\_\_\_

☐ M

☐ F

Birthdate (MM/DD/YYYY)

OR

Business/Trust Name

B. Taxpayer ID Number (SSN/EIN)

C. Daytime Telephone Number  
( )

D. E-mail Address (Optional)

E. Address ☐ Same address as Section 1

City

State (or foreign country)

Zip Code

**NOTE: Include a signed ERISA Disclosure Statement (60-2011-Non-MultiLife or 60-2011-01 MultiLife) when the employer is paying any part of the premium.**

**3 PREMIUM FREQUENCY - Do not complete if List Bill**

☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly (EFT) - COMPLETE ELECTRONIC FUNDS TRANSFER

Case 2:20-cv-01090-BHL Filed 09/21/20 Page 39 of 107 Document 19-4

07/05/2017 12:31:04

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**4 SECONDARY ADDRESSEE PREMIUM BILLING NOTICE**

An application for a Long-Term Care Insurance policy allows the Insured an option to name a secondary addressee for the purpose of notification of past due premium payment(s) and possible lapse in coverage.

**Check one box.**

**OR**

- ☐ I elect to designate a secondary addressee. (Complete A through E)
- ☐ I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care policy for non-payment of premium. I understand this notice will not be given until thirty (30) days after a premium is due and unpaid. I elect not to designate a person to receive this notice.

**NOTE: IF THE INSURED IS ELECTING NOT TO DESIGNATE A SECONDARY ADDRESSEE, CHECK THE ABOVE BOX AND THE APPROPRIATE BOX IN THE AUTHORIZATION AND SIGNATURE SECTION ON PAGE 5.**

**A. Secondary Addressee: (First, MI, Last)** ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other \_\_\_\_\_

**B. Relationship to the Insured:** \_\_\_\_\_

**C. Primary Residence Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State (or foreign country)** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**D. Daytime Telephone Number** \_\_\_\_\_

( )

**E. E-mail Address (Optional)** \_\_\_\_\_

**5 POLICY APPLIED FOR**

**POLICY INFORMATION**

**A. Nursing Home and Alternate Living Facility Daily Limit Applied For**

\$ \_\_\_\_\_

**B. Home Health and Adult Day Care Daily Limit**

(As a percentage of the amount chosen in Nursing Home and Alternate Living Facility Daily Limit)

☐ 50% ☐ 100%

**C. Benefit Period**

☐ 3 Year (1095 Days) ☐ 6 Year (2190 Days) ☐ Lifetime

**D. Beginning Date**

☐ 46 day ☐ 91 day ☐ 181 day

**E. Spousal Discount Applied For? Note: If simultaneous submission with spouse's application, please mail together.**

☐ Yes (Complete Questions 1-4 below) ☐ No

**1. Name of Spouse: (First, MI, Last)** \_\_\_\_\_

**2. Spouse's Taxpayer ID Number (SSN)** \_\_\_\_\_

**3. Spouse's Date of Birth (MM/DD/YYYY)** \_\_\_\_\_

**4. Spouse's Policy number (Complete only if spouse has an in force NLTC policy)** \_\_\_\_\_



001241

**INFLATION PROTECTION OPTIONS: – Must select one of three below**

- OR  
OR
- A. ☐ Automatic Benefit Increase
  - B. ☐ Automatic Additional Purchase Benefit
  - C. ☐ None

**NOTE: IF THE INSURED REJECTS BOTH OF THE INFLATION PROTECTION OPTIONS, COMPLETE REJECTION OF INFLATION PROTECTION STATEMENT AND SIGNATURE IN AUTHORIZATION AND SIGNATURE SECTION ON PAGE 5.**

**OTHER ADDITIONAL BENEFITS**

- A. ☐ Survivorship Benefit

NOTE: If not already completed, complete Section 5E, Questions 1-4.

- B. ☐ Paid-Up Nonforfeiture Benefit

**SPECIAL POLICY DATE - Complete ONLY IF A SPECIAL DATE IS BEING REQUESTED.**

- A. ☐ Date to save age (Available for Prepaid or Nonprepaid)
- B. ☐ Specified future date (Available for Nonprepaid only): MONTH DAY YEAR

**NOTE: SELECTING "DATE TO SAVE AGE" WILL RESULT IN AN ADDITIONAL PREMIUM DUE.**

**CONDITIONAL LONG-TERM CARE INSURANCE AGREEMENT**

Has the premium for the policy applied for been paid in exchange for the Conditional Long-Term Care Insurance Agreement? .....

☐ Yes ☐ No

**10 INSURANCE HISTORY**

- A. Is the Insured covered by Medicaid? (NOT Medicare) .....

☐ Yes ☐ No

- B. Has the Insured ever had life, disability, health, or long-term care insurance declined, rated, modified, issued with an exclusion rider, cancelled, rescinded, or not renewed? .....

☐ Yes ☐ No

If "Yes," please explain: \_\_\_\_\_

- C. Has the Insured applied for or had other long-term care insurance policy or certificate of insurance in force during the last twelve (12) months? .....

☐ Yes ☐ No

If "Yes," state with which company: \_\_\_\_\_

If that policy or certificate lapsed, when did it lapse? \_\_\_\_\_

Policy number: \_\_\_\_\_

001241

- D. Does the Insured have another long-term care, nursing home, home health care, or any other medical or health insurance policy or certificate (including a health maintenance organization policy or certificate) in force or pending with other companies? ..... ☐ Yes ☐ No  
If "Yes," indicate Insurer, Type of Insurance, Benefit Amount, and In Force or Pending \_\_\_\_\_

Insurer	Type of Insurance	Benefit Amount	In Force or Pending

**11 REPLACEMENT**

Will the insurance applied for replace:

- A. a Northwestern Long Term Care Insurance Company insurance policy? ..... ☐ Yes ☐ No  
B. a long-term care, home health care, nursing home care, or life based long-term care insurance policy issued from a source other than Northwestern Long Term Care Insurance Company? .. ☐ Yes ☐ No  
C. any other type of accident or sickness policy (including medical, health, Northwestern Mutual Disability, or any other disability) from a source other than Northwestern Long Term Care Insurance Company? ..... ☐ Yes ☐ No  
D. If the Insured answered "Yes" to any of the above, complete the following for each policy replaced:

Insurer and Address	Type of Insurance	Policy Number	Amount to be Replaced

**NOTE: If the Insured answered "Yes" to questions A through C, complete the Replacement Notices attached. Give one copy to the Insured and submit one with the application.**

When issuing insurance as a result of this application, Northwestern Long Term Care Insurance Company will rely on the fact that the coverage listed above can and will be terminated by the next premium due. If the coverage listed is not terminated by that date, or it is terminated and later reinstated, any policy issued as a result of this application may be rescinded and all premiums will be returned. Northwestern Long Term Care Insurance Company may contact a listed insurer to confirm that the coverage has been terminated.

**REMARKS SECTION: (Identify Question Number)**

Question #	Details



The Insured agrees that:

1. If the premium is not paid when the application is signed, no insurance will be in effect. The insurance will take effect only (a) at the time the policy is delivered, (b) the premium is paid, and (c) the answers and statements in the application are still true.
2. If the premium is paid when the application is taken, no insurance will be in effect except as provided in the Conditional Long-Term Care Insurance Agreement with the same number as this application.
3. Receipt of an Outline of Coverage for the policy applied for, What Texans Should Know About Long-Term Care Insurance, and Notice of Insurance Information Practices is acknowledged.
4. Receipt of "Long-Term Care Insurance Potential Rate Increase Disclosure Form."
5. The agent discussed the "Things You Should Know Before You Buy Long-Term Care Insurance" with the Insured.
6. No agent is authorized to make or alter contracts or to waive any of the Company's rights or requirements.
7. In issuing any insurance, Northwestern Long Term Care Insurance Company is relying on statements contained in the entire application, including any statements made in any medical or other form that becomes part of the application. The entire application will be attached to the policy, if issued.

**INSURED'S CONSENT, DECLARATION, AND AUTHORIZATION:** The Insured consents to this application for long-term care insurance. The Insured acknowledges that he or she has reviewed any and all answers and statements recorded in this Part A. The Insured declares that the answers and statements in this application are correctly recorded, complete, and true to the best of the Insured's knowledge and belief as of the date signed below. Statements in this application are representations and not warranties.

The Insured authorizes Northwestern Long Term Care Insurance Company, its agents, employees, affiliates, reinsurers, insurance support organizations and their representatives to obtain information about the Insured to evaluate this application and to verify information in this application. This information will include: (a) age; (b) medical history, condition, and care; (c) physical and mental health; (d) income and financial history; (e) driving record; (f) other personal characteristics; and (g) other insurance. This authorization extends to information on the use of alcohol, drugs and tobacco; the diagnosis or treatment of HIV (AIDS virus) infection and sexually transmitted diseases; and the diagnosis and treatment of mental illness. During the time this authorization is valid it extends to information required to determine eligibility for benefits under any policy issued as a result of this application.

The Insured authorizes any person, including any physician, health care professional, hospital, clinic, medical facility, government agency including the Veterans and Social Security Administrations, the Medical Information Bureau, Inc. (MIB, Inc.), employer, business associates, consumer reporting agency, banker, accountant, tax preparer, or other insurance company, to release information about the Insured to Northwestern Long Term Care Insurance Company or its representatives on receipt of this Authorization.

The above authorization is valid for 24 months from the date it is signed. This authorization can be revoked by writing to the Administration Office. If the Insured revokes this authorization, the Company may not be able to accept the application. A copy of this authorization is as valid as the original and will be provided on request.

In the course of conducting our business, we may disclose to other parties information we have about the Insured. These disclosures are only made as permitted by law, such as disclosures to our reinsurers, consultants, MIB, administrators, governmental authorities, or as the Insured otherwise authorizes.

The Insured has received a copy of the Medical Information Bureau and Fair Credit Reporting Act notices. The Insured authorizes The Northwestern Long Term Care Insurance Company to obtain an investigative consumer report on the Insured.

☐ The Insured requests to be interviewed if an investigative consumer report is done.

**REJECTION OF NONFORFEITURE BENEFIT STATEMENT (Complete if option was not selected)**

☐ I have reviewed the Outline of Coverage and the nonforfeiture benefit as described therein. Specifically, I have reviewed Option RRLTC.NFB.(0798) and I reject the nonforfeiture benefit.

**REJECTION OF INFLATION PROTECTION STATEMENT (Complete if option was not selected)**

☐ I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this policy with and without the Inflation Protection Options. Specifically, I reviewed the Automatic Benefit Increase and the Automatic Additional Purchase Benefit and I reject the inflation protection.

**REJECTION OF SECONDARY ADDRESSEE (Complete if option was not selected)**

☐ I understand a Long-Term Care Insurance policy allows an Insured the option to name a secondary addressee for the purpose of notification of past due premium payment(s) and possible lapse in coverage. I elect not to designate a person to receive this notice.

The signature below applies to this Part A, including, if applicable, the Rejection of Nonforfeiture Benefit Statement, the Rejection of Inflation Protection and/or the Rejection of a Secondary Addressee. **CAUTION:** If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your policy.

Print Name of INSURED

Signature of INSURED

Date Signed by INSURED (MM/DD/YYYY)

(City, County & State) Signed by INSURED

Signature of LICENSED AGENT

Some states require us to inform you that any person who, with intent to defraud, or with knowledge that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to criminal and civil penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.



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**MEDICAL QUESTIONNAIRE – Each question must be individually asked and answered.**

Policy Number

--	--	--	--	--	--	--	--	--	--

(For NLTC Administration Office Use Only)

**INSURED'S NAME:** (First, MI, Last) please print \_\_\_\_\_

**FORMER NAME** (If changed within 5 years) \_\_\_\_\_

**GENERAL INFORMATION**

1. Who is your regular physician or other health care provider? ☐ None

Physician Name \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date last seen \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason \_\_\_\_\_

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 2. Are you currently employed inside or outside of your home?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes," have your hours been limited in the past 24 months for health reasons?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Due to health reasons, do you plan to retire or have you ever been advised to retire or change jobs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the past 5 years, have you requested or received payments, benefits, or a pension because of an injury, accident, sickness, or disability? | <input type="checkbox"/> | <input type="checkbox"/> |

Provide full details for all "Yes" responses:

- Identify question numbers.
- State signs, symptoms, and diagnosis of each illness or injury.
- List the details and results of tests and treatment.
- **For each health care provider consulted,** list the name, full address, telephone number, and dates.

**GENERAL PROFILE**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 5. Do you currently, or in the past <b>12 months</b> did you require human assistance or receive help in any way with: |                          |                          |
| a. Moving in or out of a bed or a chair?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Bathing?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Eating?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Dressing?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Using the toilet?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Controlling bowel or bladder?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Taking your medications?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you currently receive, or in the past <b>12 months</b> have you received:  |                          |                          |
| a. Care in a nursing home or extended care unit of a hospital?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Home health care (including visiting nurse, therapist, and home health aid)?.....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Adult day care services?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Kidney dialysis?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you currently use, or in the past <b>12 months</b> have you used:  |                          |                          |
| a. Oxygen equipment?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cane or quad cane?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Walker?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Wheelchair?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Motorized scooter?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. A hospital bed in your home?.....   | <input type="checkbox"/> | <input type="checkbox"/> |

**DETAILS**

**APPROVED**  
**ANA SMITH-DALEY**  
**MAR 28 2002**  
DEPUTY INSURANCE COMMISSIONER  
Life / Health Group  
State of Texas



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	YES	NO
8. Have you had, experienced, been treated for, or been told you had:		
a. Dementia or Alzheimer's disease?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Metastatic cancer (cancer that has spread from the original site)? .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Parkinson's disease? .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Muscular dystrophy? .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Multiple sclerosis? .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Myasthenia gravis? .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Amyotrophic lateral sclerosis (ALS)? .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Quadriplegia? .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Huntington's chorea? .....	<input type="checkbox"/>	<input type="checkbox"/>
j. Cystic fibrosis? .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever tested positive for the Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immune Deficiency Syndrome (AIDS)? .....	<input type="checkbox"/>	<input type="checkbox"/>

**DETAILS**

**MEDICAL HISTORY**

10. Do you currently take, or have you in the past 12 months taken, any prescription medications? .... ☐ YES ☐ NO

If "Yes," list each medication, why it is needed, and the name and address of prescribing physician.

Medication	Why is it needed?	Name/address of prescribing physician

11. Have you used tobacco or nicotine in any form in the past 10 years including cigarette, pipe, snuff, chewing tobacco, cigar, nicotine gum, or nicotine patch? YES ☐ NO ☐

If "Yes," date last used (MM/DD/YYYY) \_\_\_\_\_

12. a. Current height \_\_\_\_\_ ft. \_\_\_\_\_ in. b. Current weight \_\_\_\_\_ lbs.

YES NO

c. Have you lost weight in the past 6 months? ☐ ☐

If "Yes," indicate how many pounds and reason for weight loss.

\_\_\_\_\_ lbs. Reason: \_\_\_\_\_

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13. Within the last 5 years have you **had, experienced, had symptoms of, been treated for, or been told you had** any of the following conditions?

		YES	NO	DETAILS
Heart	a. Angina?	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Congestive heart failure?	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Heart attack or myocardial infarction (MI)?	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Irregular heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	
	e. Any other disorder or disease of the heart?	<input type="checkbox"/>	<input type="checkbox"/>	
Blood Vessels	f. High blood pressure or hypertension?	<input type="checkbox"/>	<input type="checkbox"/>	
	g. Peripheral vascular disease?	<input type="checkbox"/>	<input type="checkbox"/>	
	h. Any other disorder or disease of the blood vessels (including problems with circulation)?	<input type="checkbox"/>	<input type="checkbox"/>	
Neurologic	i. Stroke, mini-stroke, or transient ischemic attack (TIA)?	<input type="checkbox"/>	<input type="checkbox"/>	
	j. Memory loss?	<input type="checkbox"/>	<input type="checkbox"/>	
	k. Any problems with coordination?	<input type="checkbox"/>	<input type="checkbox"/>	
	l. Falls?	<input type="checkbox"/>	<input type="checkbox"/>	
	m. Any muscle weakness or paralysis?	<input type="checkbox"/>	<input type="checkbox"/>	
	n. Seizures?	<input type="checkbox"/>	<input type="checkbox"/>	
	o. Tremor?	<input type="checkbox"/>	<input type="checkbox"/>	
	p. Macular degeneration of the retina?	<input type="checkbox"/>	<input type="checkbox"/>	
Joints	q. Arthritis?	<input type="checkbox"/>	<input type="checkbox"/>	
	r. Any disorder or disease of the back or spine?	<input type="checkbox"/>	<input type="checkbox"/>	
	s. Fractures?	<input type="checkbox"/>	<input type="checkbox"/>	
	t. Osteoporosis?	<input type="checkbox"/>	<input type="checkbox"/>	
General Medical Conditions	u. Cancer?	<input type="checkbox"/>	<input type="checkbox"/>	
	v. Enlarged lymph node?	<input type="checkbox"/>	<input type="checkbox"/>	
	w. Any disorder or disease of the blood?	<input type="checkbox"/>	<input type="checkbox"/>	
	x. Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
	y. Kidney disorder or disease?	<input type="checkbox"/>	<input type="checkbox"/>	
	z. Asthma?	<input type="checkbox"/>	<input type="checkbox"/>	
	aa. Emphysema or chronic obstructive lung disease (COPD)?	<input type="checkbox"/>	<input type="checkbox"/>	
	bb. Any disorder or disease of the liver?	<input type="checkbox"/>	<input type="checkbox"/>	
	cc. Any disorder or disease of the stomach or bowels?	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health	dd. Alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>	
	ee. Anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	
	ff. Depression?	<input type="checkbox"/>	<input type="checkbox"/>	
	gg. Psychosis?	<input type="checkbox"/>	<input type="checkbox"/>	



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	YES	NO	DETAILS
<b>14. Other than as previously provided on this form, in the past 5 years:</b>			
<b>a. have you seen or consulted with any other health care provider (including a psychologist, chiropractor, counselor, or therapist)? .....</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b. have you had surgery? .....</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c. have you been a patient at a hospital, clinic, or other health care facility? .....</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d. has surgery been recommended that has not been completed? .....</b>	<input type="checkbox"/>	<input type="checkbox"/>	

The Insured declares that the answers and statements are correctly recorded, complete, and true to the best of the Insured's knowledge and belief. Statements in this application are representations and not warranties.

Print Name of **INSURED**

Signature of **INSURED**

Date Signed by **INSURED** (MM/DD/YYYY)

(City, County & State) Signed by **INSURED**

Signature of **LICENSED AGENT**

Actuarial Certification  
For Long-Term Care Insurance  
Policy form RS.LTC.(1101)

I, Steven P. Sperka, am an Assistant Actuary of the Northwestern Long-Term Care Insurance Company and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering this opinion and am familiar with the requirements for filing long-term care insurance premiums.

Attached are premium rate schedules to be used for new sales of the policy forms and riders as specified therein. The rate schedule submitted is identical to the currently approved rate schedule for policy form RS.LTC.(1101)

In my opinion the initial premium rate schedule is sufficient to cover anticipated costs under moderately adverse experience and the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated.

I have reviewed and taken into consideration policy design and coverage provided.

I have reviewed and taken into consideration the company's current underwriting and claims adjudication processes.

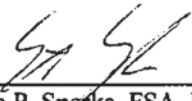
In forming my opinion, I have used actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary.

Margins have been added to the valuation basis for conservatism. As a result, the premium rate schedule is not consistently in excess of the sum of net valuation premium for renewal years and the average of renewal expenses. The premium rate schedule would be consistently in excess of the sum of net valuation premium for renewal years and the average of renewal expenses assumed in pricing if:

- The 10% margin added to our pricing morbidity level in the actual reserve basis is removed.
- The maximum termination rate allowed by the NAIC Health Insurance Reserves is used in place of our termination rate assumed in pricing. This is roughly 80% of our priced-for total termination rate.
- The maximum interest rate allowed by the NAIC Health Insurance Reserves Model Regulation was used in place of the 4.0% rate assumed in the actual reserve basis.

The attached page provides a description of our reserve basis.

The premium rate schedule submitted for policy form RS.LTC.(1101) is not less than the premium rate schedule for existing policy forms also available from the company.

  
Steven P. Sperka, FSA, MAAA  
Assistant Actuary  
720 East Wisconsin Avenue  
Room 718  
Milwaukee, WI 53202

Date 3/12/02

FILE FOR INFORMATION ONLY  
MAR 28 2002  
TEXAS DEPT. OF INSURANCE



Description of Reserve Basis for Policy Form RS.LTC.(1101)

Statutory Active Life Reserves are based on the claim costs developed for this plan increased by 10%. A one-year preliminary term method with 1983 Group Annuitant Mortality (GAM) and 4.0% interest is used. Lapse rates are included in the reserve calculations. Specifically, the following formula for total termination rates (TTRs) is used:

- TTR = Lessor of:
- a) 1983 GAM plus lessor of:
    - i.) 8% for durations 1 - 4
    - 4% for duration 5 and later, or
    - ii.) 80% of pricing lapse rate;
  - and
  - b) 80% of pricing total termination rate.

Disabled life reserves use the pricing morbidity table directly and a 4.5% interest rate.

**NORTHWESTERN LONG TERM CARE INSURANCE COMPANY  
720 EAST WISCONSIN AVENUE  
MILWAUKEE, WISCONSIN 53202**

*LONG-TERM CARE INSURANCE GROSS PREMIUMS*  
RS SERIES - NOVEMBER, 2001

Annual Premiums per \$10 of Long-Term Care Daily Benefit

I. Premium Calculation

RS-R-.011

II. Basic Benefit and Indexing Options Benefits

Forms RS.LTC.(1101), RS.LTC.ABI.(1101), RS.LTC.APB.(1101)

<u>Nursing Home Benefit</u>	<u>Home Care &amp; Adult Day Care Benefit</u>	<u>Beginning Date</u>	<u>Benefit Period</u>	<u>Page</u>
\$10	\$10	46	All	RS-R-1
\$10	\$5	46	All	RS-R-3
\$10	\$10	91	All	RS-R-5
\$10	\$5	91	All	RS-R-7
\$10	\$10	181	All	RS-R-9
\$10	\$5	181	All	RS-R-11

III. Paid-Up Nonforfeiture Benefit

Form RS.LTC.NFB.(1101)

<u>Nursing Home Benefit</u>	<u>Home Care &amp; Adult Day Care Benefit</u>	<u>Beginning Date</u>	<u>Benefit Period</u>	<u>Page</u>
\$10	\$10	46	All	RS-R-13
\$10	\$5	46	All	RS-R-15
\$10	\$10	91	All	RS-R-17
\$10	\$5	91	All	RS-R-19
\$10	\$10	181	All	RS-R-21
\$10	\$5	181	All	RS-R-23

IV. Survivorship Benefit

Form RS.LTC.SVB.(1101)

<u>Premium Percentages</u>	<u>Page</u>
All	RS-R-25



# Northwestern Long Term Care Insurance Company

## Premium Calculation

- A = The **base premium rate** per \$10 of daily benefit based on the age, plan, benefit period, and beginning date.
- B = The **add-on premium rate** per \$10 of daily benefit for the **automatic benefit increase option**.  
If the policy has an automatic benefit increase option with an increase other than 5%, multiply the premium rate by (the % chosen / 5). Do not round.
- C = The **add-on premium rate** per \$10 of daily benefit for the **automatic additional purchase benefit option**.
- D = The **shortened benefit period premium rate for the base** per \$10 of daily benefit based on the age, plan, benefit period, and beginning date.
- E = The **add-on shortened benefit period premium rate** per \$10 of daily benefit for the **automatic benefit increase option**.  
If the policy has an automatic benefit increase option with an increase other than 5%, multiply the premium rate by (the % chosen / 5). Do not round.
- F = The **add-on shortened benefit period premium rate** per \$10 of daily benefit for the **automatic additional purchase benefit option**.
- G = The number of \$10 units (daily benefit/10).
- H = The multi-life discount factor (0.95 if applicable, 1.0 otherwise).
- I = The premium modal factor (1.0 for annual, 0.512 for semi-annual, 0.259 for quarterly, 0.087 for monthly).
- J = The spousal discount factor (0.85 if applicable, 1.0 otherwise).
- K = The **Survivorship Benefit premium percentage** that is based on the age, and the additional benefits that are present on the policy.

For each component (A through F)\*, calculate the modal premium:

- Multiply the premium rate by the multi-life discount factor (H).
- Round the result to the nearest penny.
- Multiply the result by the number of \$10 units (G).
- Multiply the result by the premium modal factor (I).
- Multiply the result by the spousal discount factor (J).
- Round the result for the component to the nearest penny.
- Repeat these steps for all the applicable components A-F.
- For example, round (A x H) to the nearest penny. Then multiply this number times (G x I x J). This is the final number to be summed for each component.

The total modal premium without the Survivorship Benefit is the sum of each of the individual components.

When the policy has the Survivorship Benefit, the following additional steps are performed to calculate the modal Survivorship Benefit Premium:

- Calculate the total modal premium for the policy using the procedure outlined above. However, do not include any premium for the Paid-Up Nonforfeiture Benefit.
- Multiply the result by the Survivorship Benefit premium percentage (K).
- Round this result to the nearest penny.

The total modal premium for the policy including the Survivorship Benefit is the sum of the total modal premium without the Survivorship Benefit and the modal Survivorship Benefit premium.

\* Not all components will be applicable to all contracts.



# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	36.50	42.80	51.10	140.50	179.80	231.30	1.90	3.90	7.90
41	38.00	44.70	53.40	141.40	180.80	232.50	2.10	4.10	8.30
42	39.70	46.70	55.80	142.10	181.70	233.60	2.20	4.30	8.70
43	41.40	48.70	58.30	142.90	182.70	234.60	2.30	4.70	9.10
44	43.20	50.90	60.90	143.60	183.50	235.60	2.40	4.90	9.60
45	45.00	53.20	63.70	144.30	184.20	236.40	2.60	5.10	10.00
46	47.00	55.50	66.60	144.90	185.00	237.20	2.70	5.50	10.50
47	49.00	58.00	69.60	145.50	185.60	237.90	2.90	5.70	11.00
48	51.10	60.60	72.70	146.10	186.10	238.50	3.10	6.00	11.60
49	53.30	63.30	76.00	146.60	186.60	239.00	3.30	6.40	12.20
50	55.60	66.10	79.50	147.00	187.10	239.40	3.50	6.70	12.70
51	58.00	69.00	83.10	147.30	187.40	239.70	3.70	7.10	13.30
52	60.50	72.10	86.80	147.60	187.60	240.20	3.90	7.50	14.00
53	63.10	75.30	90.80	147.90	187.80	240.60	4.10	7.90	14.60
54	65.90	78.60	94.90	148.00	187.90	241.00	4.30	8.40	15.30
55	68.70	82.10	99.10	148.10	188.00	241.40	4.60	8.90	16.10
56	72.80	87.00	105.10	149.80	190.00	242.20	4.90	9.50	17.10
57	77.10	92.30	111.50	151.50	192.00	244.50	5.30	10.10	18.00
58	81.70	97.80	118.20	153.10	193.90	246.80	5.70	10.90	19.10
59	86.60	103.70	125.30	154.50	195.60	248.80	6.00	11.60	20.30
60	91.80	109.90	132.90	155.80	197.20	250.60	6.40	12.40	21.50
61	98.00	117.40	142.00	158.40	200.30	254.30	6.90	13.30	22.90
62	104.60	125.40	151.60	160.80	203.20	257.90	7.50	14.30	24.50
63	111.60	133.90	162.00	163.20	206.00	261.20	8.10	15.40	26.10
64	119.10	143.00	173.00	165.30	208.60	264.30	8.80	16.60	27.90
65	127.20	152.70	184.80	167.30	211.00	267.10	9.40	17.90	29.80
66	140.30	168.50	203.90	175.00	220.70	279.30	10.50	19.90	32.90
67	154.70	185.90	225.00	182.90	230.70	291.70	11.80	22.10	36.30
68	170.70	205.00	248.30	190.80	240.80	304.20	13.00	24.70	40.10
69	188.30	226.20	274.00	198.70	250.90	316.80	14.50	27.40	44.30
70	207.60	249.60	302.40	206.80	261.00	329.40	16.30	30.40	48.80
71	229.60	275.80	334.30	216.00	273.00	344.30	18.10	33.90	54.00
72	253.80	304.80	369.50	225.30	284.90	359.40	20.30	37.80	59.80
73	280.70	336.90	408.50	234.50	296.90	374.40	22.50	42.00	66.10
74	310.30	372.40	451.50	243.60	308.70	389.50	25.20	46.70	73.10
75	343.10	411.50	499.20	252.50	320.40	404.10	28.10	52.00	80.80
76	372.80	446.50	541.80	259.80	330.20	416.90	30.80	56.90	87.90
77	405.00	484.40	588.00	267.00	339.80	429.50	33.80	62.20	95.70
78	439.90	525.50	638.20	273.90	349.10	441.60	37.10	68.00	104.20
79	477.90	570.10	692.70	280.20	357.90	453.30	40.80	74.40	113.40

80	519.20*	618.50*	751.80*	44.70*	81.30*	123.40*
81	557.30*	662.20*	805.00*	48.30*	87.70*	132.60*
82	598.10*	709.00*	862.00*	52.40*	94.60*	142.40*
83	641.90*	759.10*	923.10*	56.80*	101.90*	152.90*
84	689.00*	812.80*	988.40*	61.40*	109.80*	164.30*
85	739.40*	870.20*	1,058.40*	66.50*	118.50*	176.50*
86	776.60*	911.40*	1,108.80*	70.10*	124.30*	184.90*
87	815.60*	954.60*	1,161.70*	73.90*	130.40*	193.60*
88	856.60*	999.80*	1,217.00*	77.90*	136.80*	202.80*
89	899.60*	1,047.20*	1,275.00*	82.10*	143.50*	212.40*
90	944.80*	1,096.80*	1,335.70*	86.50*	150.60*	222.60*
91	978.30*	1,134.40*	1,383.70*	89.80*	156.00*	231.20*
92	1,013.10*	1,173.30*	1,433.40*	93.00*	161.60*	240.10*
93	1,049.00*	1,213.60*	1,484.90*	96.50*	167.30*	249.40*
94	1,086.20*	1,255.20*	1,538.20*	100.20*	173.20*	259.00*
95	1,124.80*	1,298.20*	1,593.40*	103.80*	179.50*	269.10*
96	1,160.80*	1,341.90*	1,652.80*	107.20*	186.30*	280.70*
97	1,197.90*	1,387.00*	1,714.30*	110.80*	193.40*	293.00*
98	1,236.20*	1,433.60*	1,778.20*	114.50*	200.90*	305.60*
99	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
100	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
101	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
102	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
103	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
104	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
105	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
106	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
107	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
108	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
109	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
110	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	29.50	33.30	38.60	110.60	139.10	176.00	1.80	3.30	5.40
41	30.70	34.80	40.30	111.30	139.90	177.10	1.90	3.40	5.70
42	32.00	36.30	42.10	112.00	140.80	178.20	2.00	3.60	6.00
43	33.30	37.80	44.00	112.70	141.60	179.20	2.10	3.80	6.30
44	34.70	39.50	45.90	113.40	142.30	180.20	2.20	4.00	6.70
45	36.10	41.20	48.00	114.00	143.10	181.00	2.40	4.20	7.00
46	37.60	42.90	50.10	114.60	143.90	181.90	2.50	4.50	7.40
47	39.10	44.80	52.40	115.20	144.50	182.70	2.70	4.70	7.80
48	40.70	46.70	54.70	115.80	145.10	183.40	2.90	5.00	8.20
49	42.40	48.70	57.20	116.30	145.70	184.10	3.00	5.30	8.60
50	44.20	50.80	59.70	116.70	146.20	184.70	3.10	5.50	9.10
51	46.00	53.00	62.40	117.10	146.70	185.20	3.30	5.80	9.60
52	47.90	55.20	65.20	117.50	147.10	185.60	3.50	6.20	10.10
53	49.90	57.60	68.10	117.80	147.50	186.00	3.70	6.50	10.60
54	51.90	60.10	71.10	118.20	147.70	186.30	4.00	6.90	11.20
55	54.10	62.70	74.30	118.30	147.90	186.50	4.10	7.20	11.70
56	57.30	66.40	78.80	120.00	150.10	189.10	4.40	7.80	12.60
57	60.60	70.50	83.70	121.70	152.00	191.60	4.80	8.20	13.30
58	64.20	74.70	88.80	123.20	153.90	194.00	5.00	8.80	14.20
59	67.90	79.20	94.20	124.80	155.80	196.30	5.40	9.30	15.10
60	71.90	84.00	100.00	126.20	157.50	198.50	5.80	9.90	16.10
61	76.80	89.80	107.00	128.70	160.60	202.20	6.20	10.70	17.20
62	82.00	96.00	114.50	131.10	163.60	205.90	6.70	11.50	18.40
63	87.50	102.60	122.50	133.40	166.50	209.40	7.20	12.40	19.70
64	93.50	109.70	131.00	135.60	169.30	212.90	7.70	13.30	21.10
65	99.80	117.20	140.20	137.80	172.00	216.10	8.30	14.40	22.60
66	110.20	129.60	155.00	144.70	180.60	227.00	9.30	16.00	25.10
67	121.70	143.20	171.50	151.70	189.50	238.00	10.30	17.90	27.70
68	134.30	158.30	189.70	159.00	198.50	249.30	11.60	19.90	30.70
69	148.30	174.90	209.80	166.30	207.80	260.90	12.90	22.20	34.00
70	163.80	193.40	232.00	173.70	217.00	272.60	14.30	24.60	37.70
71	181.40	214.20	257.20	182.00	227.60	285.90	16.00	27.50	41.80
72	200.90	237.30	285.10	190.40	238.20	299.50	17.80	30.60	46.40
73	222.50	262.80	316.00	198.80	249.00	313.20	19.90	34.20	51.50
74	246.50	291.20	350.30	207.20	259.70	326.90	22.10	38.00	57.20
75	273.00	322.50	388.30	215.50	270.50	340.60	24.70	42.40	63.50
76	297.00	350.70	422.50	222.00	278.90	351.50	27.10	46.40	69.20
77	323.20	381.30	459.60	228.20	287.10	362.40	29.60	50.80	75.50
78	351.60	414.60	500.10	234.30	295.00	372.80	32.50	55.60	82.30
79	382.60	450.80	544.10	239.80	302.50	382.90	35.50	60.80	89.70

80	416.30*	490.10*	591.90*	38.90*	66.60*	97.90*
81	447.40*	525.90*	635.30*	42.10*	72.00*	105.40*
82	480.80*	564.30*	681.90*	45.50*	77.70*	113.40*
83	516.70*	605.50*	731.90*	49.30*	83.90*	122.10*
84	555.40*	649.80*	785.50*	53.20*	90.50*	131.50*
85	596.90*	697.20*	843.10*	57.60*	97.80*	141.50*
86	628.00*	732.30*	886.10*	60.70*	102.80*	148.70*
87	660.80*	769.20*	931.30*	63.90*	108.10*	156.30*
88	695.30*	807.90*	978.80*	67.30*	113.70*	164.20*
89	731.60*	848.60*	1,028.70*	70.80*	119.60*	172.60*
90	769.80*	891.40*	1,081.20*	74.60*	125.70*	181.40*
91	799.00*	924.30*	1,123.10*	77.30*	130.50*	188.90*
92	829.30*	958.50*	1,166.70*	80.10*	135.30*	196.70*
93	860.80*	994.00*	1,212.00*	83.00*	140.30*	204.80*
94	893.40*	1,030.70*	1,259.00*	86.10*	145.60*	213.30*
95	927.30*	1,068.90*	1,307.90*	89.20*	151.00*	222.10*
96	958.60*	1,106.50*	1,358.40*	92.30*	156.80*	232.00*
97	991.00*	1,145.50*	1,410.90*	95.50*	162.80*	242.30*
98	1,024.50*	1,185.90*	1,465.40*	98.70*	169.00*	253.10*
99	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
100	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
101	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
102	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
103	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
104	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
105	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
106	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
107	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
108	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
109	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
110	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	31.70	37.20	44.40	122.20	156.40	201.20	1.70	3.40	6.90
41	33.10	38.90	46.40	122.90	157.20	202.20	1.80	3.50	7.20
42	34.50	40.60	48.50	123.60	158.00	203.10	1.90	3.80	7.60
43	36.00	42.40	50.70	124.30	158.80	204.00	2.00	4.00	8.00
44	37.50	44.30	53.00	124.90	159.50	204.80	2.20	4.20	8.30
45	39.20	46.20	55.40	125.50	160.20	205.60	2.20	4.50	8.70
46	40.90	48.30	57.90	126.00	160.80	206.20	2.40	4.70	9.20
47	42.60	50.40	60.50	126.60	161.40	206.90	2.60	5.00	9.60
48	44.50	52.70	63.30	127.00	161.90	207.30	2.60	5.20	10.00
49	46.40	55.00	66.10	127.40	162.30	207.80	2.80	5.60	10.60
50	48.40	57.50	69.10	127.80	162.60	208.20	3.00	5.80	11.10
51	50.50	60.00	72.20	128.10	163.00	208.50	3.10	6.20	11.60
52	52.60	62.70	75.50	128.40	163.20	208.90	3.40	6.50	12.20
53	54.90	65.50	78.90	128.50	163.30	209.30	3.60	6.90	12.80
54	57.30	68.40	82.50	128.60	163.30	209.70	3.70	7.30	13.30
55	59.80	71.40	86.20	128.70	163.30	210.10	3.90	7.70	14.00
56	63.30	75.70	91.40	130.30	165.20	210.60	4.30	8.20	14.80
57	67.10	80.20	96.90	131.70	167.00	212.70	4.50	8.90	15.70
58	71.10	85.10	102.80	133.10	168.50	214.60	4.90	9.40	16.60
59	75.30	90.20	109.00	134.40	170.10	216.30	5.30	10.00	17.60
60	79.80	95.60	115.60	135.50	171.50	217.90	5.60	10.80	18.60
61	85.20	102.10	123.50	137.70	174.20	221.10	6.00	11.60	19.90
62	90.90	109.00	131.90	139.90	176.80	224.20	6.60	12.50	21.20
63	97.10	116.40	140.80	141.80	179.20	227.20	7.00	13.50	22.80
64	103.60	124.30	150.40	143.70	181.50	229.90	7.60	14.50	24.30
65	110.60	132.80	160.70	145.50	183.50	232.20	8.20	15.50	25.90
66	122.00	146.50	177.30	152.20	192.00	242.90	9.10	17.30	28.60
67	134.60	161.60	195.70	159.00	200.60	253.60	10.20	19.30	31.50
68	148.40	178.30	215.90	165.90	209.40	264.50	11.40	21.40	34.90
69	163.70	196.70	238.30	172.90	218.20	275.40	12.70	23.80	38.50
70	180.60	217.00	262.90	179.80	227.00	286.50	14.10	26.50	42.50
71	199.60	239.90	290.70	187.90	237.30	299.40	15.80	29.40	47.00
72	220.70	265.10	321.30	195.90	247.70	312.50	17.60	32.80	52.00
73	244.10	293.00	355.20	203.90	258.10	325.60	19.60	36.50	57.50
74	269.90	323.80	392.70	211.80	268.50	338.60	21.80	40.60	63.50
75	298.40	357.90	434.10	219.50	278.60	351.40	24.40	45.20	70.20
76	324.10	388.20	471.10	226.00	287.20	362.50	26.80	49.50	76.50
77	352.10	421.20	511.30	232.20	295.50	373.40	29.40	54.10	83.30
78	382.60	457.00	555.00	238.10	303.50	384.00	32.20	59.10	90.60
79	415.60	495.80	602.30	243.60	311.20	394.20	35.40	64.60	98.60

# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	451.50*	537.80*	653.70*				38.80*	70.80*	107.30*
81	484.60*	575.80*	700.00*				42.10*	76.30*	115.30*
82	520.10*	616.50*	749.60*				45.50*	82.30*	123.80*
83	558.20*	660.10*	802.70*				49.30*	88.60*	133.00*
84	599.10*	706.70*	859.50*				53.40*	95.60*	142.90*
85	643.00*	756.70*	920.40*				57.80*	103.00*	153.40*
86	675.30*	792.50*	964.20*				61.00*	108.10*	160.70*
87	709.20*	830.10*	1,010.10*				64.30*	113.40*	168.40*
88	744.80*	869.40*	1,058.30*				67.80*	119.00*	176.30*
89	782.30*	910.60*	1,108.70*				71.40*	124.80*	184.70*
90	821.60*	953.70*	1,161.50*				75.20*	131.00*	193.50*
91	850.70*	986.40*	1,203.20*				78.10*	135.70*	201.00*
92	880.90*	1,020.30*	1,246.40*				81.00*	140.50*	208.80*
93	912.20*	1,055.30*	1,291.20*				83.90*	145.40*	216.90*
94	944.60*	1,091.50*	1,337.60*				87.00*	150.60*	225.20*
95	978.10*	1,128.90*	1,385.60*				90.30*	156.00*	234.00*
96	1,009.40*	1,166.90*	1,437.20*				93.30*	162.00*	244.10*
97	1,041.70*	1,206.10*	1,490.70*				96.30*	168.20*	254.80*
98	1,075.00*	1,246.70*	1,546.20*				99.50*	174.60*	265.80*
99	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
100	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
101	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
102	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
103	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
104	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
105	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
106	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
107	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
108	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
109	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
110	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	25.60	29.00	33.50	96.20	120.90	153.10	1.60	2.80	4.80
41	26.70	30.20	35.00	96.80	121.70	154.10	1.60	3.00	5.00
42	27.80	31.50	36.60	97.40	122.50	154.90	1.70	3.20	5.30
43	28.90	32.90	38.20	98.10	123.10	155.90	1.90	3.30	5.60
44	30.10	34.30	40.00	98.70	123.80	156.60	2.00	3.50	5.80
45	31.40	35.80	41.70	99.20	124.50	157.50	2.10	3.70	6.20
46	32.70	37.30	43.60	99.70	125.10	158.20	2.20	3.90	6.40
47	34.00	38.90	45.50	100.20	125.70	158.90	2.30	4.10	6.80
48	35.40	40.60	47.60	100.70	126.20	159.50	2.50	4.30	7.10
49	36.90	42.30	49.70	101.10	126.70	160.10	2.60	4.60	7.50
50	38.40	44.20	51.90	101.50	127.10	160.60	2.80	4.80	7.90
51	40.00	46.10	54.20	101.90	127.50	161.10	2.90	5.10	8.40
52	41.70	48.00	56.70	102.10	128.00	161.40	3.00	5.40	8.70
53	43.40	50.10	59.20	102.50	128.20	161.80	3.20	5.70	9.20
54	45.20	52.30	61.80	102.70	128.40	162.10	3.40	5.90	9.80
55	47.00	54.50	64.60	103.00	128.60	162.20	3.70	6.30	10.20
56	49.80	57.80	68.60	104.40	130.40	164.40	3.90	6.70	10.80
57	52.70	61.30	72.80	105.80	132.20	166.60	4.10	7.10	11.50
58	55.80	65.00	77.20	107.20	133.80	168.70	4.40	7.60	12.30
59	59.10	68.90	82.00	108.50	135.40	170.60	4.70	8.10	13.10
60	62.50	73.00	87.00	109.80	137.00	172.50	5.00	8.70	13.90
61	66.80	78.10	93.00	111.90	139.60	175.90	5.40	9.30	15.00
62	71.30	83.40	99.50	114.00	142.30	179.10	5.80	10.10	16.00
63	76.10	89.20	106.50	116.00	144.80	182.10	6.30	10.80	17.10
64	81.30	95.40	113.90	117.90	147.20	185.10	6.70	11.60	18.40
65	86.80	101.90	121.90	119.80	149.60	187.90	7.20	12.60	19.60
66	95.80	112.70	134.80	125.80	157.00	197.40	8.10	13.90	21.80
67	105.80	124.50	149.10	131.90	164.80	207.00	9.00	15.60	24.10
68	116.80	137.60	164.90	138.20	172.70	216.90	10.10	17.30	26.70
69	129.00	152.10	182.40	144.60	180.70	226.90	11.20	19.30	29.60
70	142.40	168.10	201.80	151.10	188.80	237.00	12.50	21.50	32.70
71	157.70	186.30	223.60	158.30	197.90	248.70	13.90	23.90	36.40
72	174.70	206.30	247.90	165.60	207.20	260.40	15.50	26.70	40.40
73	193.50	228.60	274.80	172.90	216.50	272.30	17.30	29.70	44.80
74	214.30	253.20	304.60	180.20	225.90	284.30	19.30	33.10	49.70
75	237.40	280.50	337.70	187.40	235.20	296.10	21.40	36.80	55.10
76	258.30	305.00	367.40	193.00	242.50	305.70	23.50	40.30	60.20
77	281.00	331.60	399.70	198.50	249.60	315.10	25.80	44.10	65.60
78	305.80	360.50	434.80	203.60	256.50	324.30	28.20	48.40	71.60
79	332.70	392.00	473.10	208.50	263.10	333.00	30.90	52.90	78.10

# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	362.00*	426.20*	514.70*				33.80*	57.90*	85.20*
81	389.00*	457.30*	552.40*				36.60*	62.60*	91.70*
82	418.10*	490.70*	592.90*				39.60*	67.60*	98.70*
83	449.30*	526.60*	636.40*				42.90*	72.90*	106.20*
84	482.90*	565.00*	683.10*				46.30*	78.80*	114.30*
85	519.00*	606.30*	733.20*				50.10*	85.00*	123.00*
86	546.10*	636.80*	770.60*				52.80*	89.40*	129.20*
87	574.60*	668.90*	809.90*				55.60*	94.00*	135.80*
88	604.60*	702.60*	851.10*				58.50*	98.80*	142.80*
89	636.20*	737.90*	894.50*				61.60*	104.00*	150.10*
90	669.40*	775.10*	940.20*				64.80*	109.30*	157.70*
91	694.80*	803.80*	976.60*				67.20*	113.40*	164.30*
92	721.20*	833.50*	1,014.50*				69.60*	117.60*	171.10*
93	748.50*	864.30*	1,053.90*				72.20*	122.10*	178.10*
94	776.90*	896.30*	1,094.80*				74.80*	126.60*	185.50*
95	806.40*	929.50*	1,137.30*				77.50*	131.30*	193.10*
96	833.60*	962.20*	1,181.20*				80.20*	136.30*	201.80*
97	861.70*	996.10*	1,226.90*				83.10*	141.60*	210.70*
98	890.80*	1,031.20*	1,274.30*				85.90*	147.00*	220.10*
99	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
100	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
101	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
102	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
103	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
104	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
105	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
106	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
107	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
108	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
109	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
110	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	28.80	33.90	40.40	111.20	142.30	183.10	1.50	3.10	6.30
41	30.10	35.40	42.20	111.80	143.10	184.00	1.60	3.20	6.60
42	31.40	36.90	44.10	112.50	143.80	184.80	1.70	3.50	6.90
43	32.80	38.60	46.10	113.10	144.50	185.60	1.80	3.60	7.30
44	34.10	40.30	48.20	113.70	145.10	186.40	2.00	3.80	7.60
45	35.70	42.00	50.40	114.20	145.80	187.10	2.00	4.10	7.90
46	37.20	44.00	52.70	114.70	146.30	187.60	2.20	4.30	8.40
47	38.80	45.90	55.10	115.20	146.90	188.30	2.40	4.60	8.70
48	40.50	48.00	57.60	115.60	147.30	188.60	2.40	4.70	9.10
49	42.20	50.10	60.20	115.90	147.70	189.10	2.50	5.10	9.60
50	44.00	52.30	62.90	116.30	148.00	189.50	2.70	5.30	10.10
51	46.00	54.60	65.70	116.60	148.30	189.70	2.80	5.60	10.60
52	47.90	57.10	68.70	116.80	148.50	190.10	3.10	5.90	11.10
53	50.00	59.60	71.80	116.90	148.60	190.50	3.30	6.30	11.60
54	52.10	62.20	75.10	117.00	148.60	190.90	3.40	6.60	12.10
55	54.40	65.00	78.40	117.10	148.60	191.30	3.50	7.00	12.70
56	57.60	68.90	83.20	118.60	150.30	191.60	3.90	7.50	13.50
57	61.10	73.00	88.20	119.80	152.00	193.60	4.10	8.10	14.30
58	64.70	77.40	93.50	121.10	153.30	195.30	4.50	8.60	15.10
59	68.50	82.10	99.20	122.30	154.80	196.80	4.80	9.10	16.00
60	72.60	87.00	105.20	123.30	156.10	198.30	5.10	9.80	16.90
61	77.50	92.90	112.40	125.30	158.50	201.20	5.50	10.60	18.10
62	82.70	99.20	120.00	127.30	160.90	204.00	6.00	11.40	19.30
63	88.40	105.90	128.10	129.00	163.10	206.80	6.40	12.30	20.70
64	94.30	113.10	136.90	130.80	165.20	209.20	6.90	13.20	22.10
65	100.60	120.80	146.20	132.40	167.00	211.30	7.50	14.10	23.60
66	111.00	133.30	161.30	138.50	174.70	221.00	8.30	15.70	26.00
67	122.50	147.10	178.10	144.70	182.50	230.80	9.30	17.60	28.70
68	135.00	162.30	196.50	151.00	190.60	240.70	10.40	19.50	31.80
69	149.00	179.00	216.90	157.30	198.60	250.60	11.60	21.70	35.00
70	164.30	197.50	239.20	163.60	206.60	260.70	12.80	24.10	38.70
71	181.60	218.30	264.50	171.00	215.90	272.50	14.40	26.80	42.80
72	200.80	241.20	292.40	178.30	225.40	284.40	16.00	29.80	47.30
73	222.10	266.60	323.20	185.50	234.90	296.30	17.80	33.20	52.30
74	245.60	294.70	357.40	192.70	244.30	308.10	19.80	36.90	57.80
75	271.50	325.70	395.00	199.70	253.50	319.80	22.20	41.10	63.90
76	294.90	353.30	428.70	205.70	261.40	329.90	24.40	45.00	69.60
77	320.40	383.30	465.30	211.30	268.90	339.80	26.80	49.20	75.80
78	348.20	415.90	505.10	216.70	276.20	349.40	29.30	53.80	82.40
79	378.20	451.20	548.10	221.70	283.20	358.70	32.20	58.80	89.70

# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	410.90*	489.40*	594.90*				35.30*	64.40*	97.60*
81	441.00*	524.00*	637.00*				38.30*	69.40*	104.90*
82	473.30*	561.00*	682.10*				41.40*	74.90*	112.70*
83	508.00*	600.70*	730.50*				44.90*	80.60*	121.00*
84	545.20*	643.10*	782.10*				48.60*	87.00*	130.00*
85	585.10*	688.60*	837.60*				52.60*	93.70*	139.60*
86	614.50*	721.20*	877.40*				55.50*	98.40*	146.20*
87	645.40*	755.40*	919.20*				58.50*	103.20*	153.20*
88	677.80*	791.20*	963.10*				61.70*	108.30*	160.40*
89	711.90*	828.60*	1,008.90*				65.00*	113.60*	168.10*
90	747.70*	867.90*	1,057.00*				68.40*	119.20*	176.10*
91	774.10*	897.60*	1,094.90*				71.10*	123.50*	182.90*
92	801.60*	928.50*	1,134.20*				73.70*	127.90*	190.00*
93	830.10*	960.30*	1,175.00*				76.30*	132.30*	197.40*
94	859.60*	993.30*	1,217.20*				79.20*	137.00*	204.90*
95	890.10*	1,027.30*	1,260.90*				82.20*	142.00*	212.90*
96	918.60*	1,061.90*	1,307.90*				84.90*	147.40*	222.10*
97	947.90*	1,097.60*	1,356.50*				87.60*	153.10*	231.90*
98	978.30*	1,134.50*	1,407.00*				90.50*	158.90*	241.90*
99	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
100	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
101	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
102	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
103	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
104	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
105	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
106	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
107	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
108	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
109	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
110	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	23.30	26.40	30.50	87.50	110.00	139.30	1.50	2.50	4.40
41	24.30	27.50	31.90	88.10	110.70	140.20	1.50	2.70	4.60
42	25.30	28.70	33.30	88.60	111.50	141.00	1.50	2.90	4.80
43	26.30	29.90	34.80	89.30	112.00	141.90	1.70	3.00	5.10
44	27.40	31.20	36.40	89.80	112.70	142.50	1.80	3.20	5.30
45	28.60	32.60	37.90	90.30	113.30	143.30	1.90	3.40	5.60
46	29.80	33.90	39.70	90.70	113.80	144.00	2.00	3.50	5.80
47	30.90	35.40	41.40	91.20	114.40	144.60	2.10	3.70	6.20
48	32.20	36.90	43.30	91.60	114.80	145.10	2.30	3.90	6.50
49	33.60	38.50	45.20	92.00	115.30	145.70	2.40	4.20	6.80
50	34.90	40.20	47.20	92.40	115.70	146.10	2.50	4.40	7.20
51	36.40	42.00	49.30	92.70	116.00	146.60	2.60	4.60	7.60
52	37.90	43.70	51.60	92.90	116.50	146.90	2.70	4.90	7.90
53	39.50	45.60	53.90	93.30	116.70	147.20	2.90	5.20	8.40
54	41.10	47.60	56.20	93.50	116.80	147.50	3.10	5.40	8.90
55	42.80	49.60	58.80	93.70	117.00	147.60	3.40	5.70	9.30
56	45.30	52.60	62.40	95.00	118.70	149.60	3.50	6.10	9.80
57	48.00	55.80	66.20	96.30	120.30	151.60	3.70	6.50	10.50
58	50.80	59.20	70.30	97.60	121.80	153.50	4.00	6.90	11.20
59	53.80	62.70	74.60	98.70	123.20	155.20	4.30	7.40	11.90
60	56.90	66.40	79.20	99.90	124.70	157.00	4.60	7.90	12.60
61	60.80	71.10	84.60	101.80	127.00	160.10	4.90	8.50	13.70
62	64.90	75.90	90.50	103.70	129.50	163.00	5.30	9.20	14.60
63	69.30	81.20	96.90	105.60	131.80	165.70	5.70	9.80	15.60
64	74.00	86.80	103.60	107.30	134.00	168.40	6.10	10.60	16.70
65	79.00	92.70	110.90	109.00	136.10	171.00	6.60	11.50	17.80
66	87.20	102.60	122.70	114.50	142.90	179.60	7.40	12.60	19.80
67	96.30	113.30	135.70	120.00	150.00	188.40	8.20	14.20	21.90
68	106.30	125.20	150.10	125.80	157.20	197.40	9.20	15.70	24.30
69	117.40	138.40	166.00	131.60	164.40	206.50	10.20	17.60	26.90
70	129.60	153.00	183.60	137.50	171.80	215.70	11.40	19.60	29.80
71	143.50	169.50	203.50	144.10	180.10	226.30	12.60	21.70	33.10
72	159.00	187.70	225.60	150.70	188.60	237.00	14.10	24.30	36.80
73	176.10	208.00	250.10	157.30	197.00	247.80	15.70	27.00	40.80
74	195.00	230.40	277.20	164.00	205.60	258.70	17.60	30.10	45.20
75	216.00	255.30	307.30	170.50	214.00	269.50	19.50	33.50	50.10
76	235.10	277.60	334.30	175.60	220.70	278.20	21.40	36.70	54.80
77	255.70	301.80	363.70	180.60	227.10	286.70	23.50	40.10	59.70
78	278.30	328.10	395.70	185.30	233.40	295.10	25.70	44.00	65.20
79	302.80	356.70	430.50	189.70	239.40	303.00	28.10	48.10	71.10

# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	329.40*	387.80*	468.40*				30.80*	52.70*	77.50*
81	354.00*	416.10*	502.70*				33.30*	57.00*	83.40*
82	380.50*	446.50*	539.50*				36.00*	61.50*	89.80*
83	408.90*	479.20*	579.10*				39.00*	66.30*	96.60*
84	439.40*	514.20*	621.60*				42.10*	71.70*	104.00*
85	472.30*	551.70*	667.20*				45.60*	77.40*	111.90*
86	497.00*	579.50*	701.20*				48.00*	81.40*	117.60*
87	522.90*	608.70*	737.00*				50.60*	85.50*	123.60*
88	550.20*	639.40*	774.50*				53.20*	89.90*	129.90*
89	578.90*	671.50*	814.00*				56.10*	94.60*	136.60*
90	609.20*	705.30*	855.60*				59.00*	99.50*	143.50*
91	632.30*	731.50*	888.70*				61.20*	103.20*	149.50*
92	656.30*	758.50*	923.20*				63.30*	107.00*	155.70*
93	681.10*	786.50*	959.00*				65.70*	111.10*	162.10*
94	707.00*	815.60*	996.30*				68.10*	115.20*	168.80*
95	733.80*	845.80*	1,034.90*				70.50*	119.50*	175.70*
96	758.60*	875.60*	1,074.90*				73.00*	124.00*	183.60*
97	784.10*	906.50*	1,116.50*				75.60*	128.90*	191.70*
98	810.60*	938.40*	1,159.60*				78.20*	133.80*	200.30*
99	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
100	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
101	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
102	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
103	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
104	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
105	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
106	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
107	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
108	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
109	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
110	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Non-forfeiture Benefit (Shortened Benefit Period Option)

**Annual Premium per \$10 of Long-Term Care Daily Benefit**  
\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care  
46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	6.20	6.50	7.00	6.90	8.10	9.50	0.10	0.20	0.50
41	6.40	6.80	7.20	7.20	8.30	9.80	0.10	0.20	0.50
42	6.60	7.00	7.50	7.50	8.70	10.10	0.10	0.30	0.60
43	6.80	7.30	7.80	7.80	8.90	10.50	0.20	0.30	0.60
44	7.00	7.50	8.10	8.10	9.30	10.80	0.20	0.30	0.60
45	7.30	7.70	8.30	8.40	9.70	11.30	0.20	0.40	0.80
46	7.50	8.00	8.60	8.70	9.90	11.60	0.20	0.40	0.80
47	7.80	8.20	8.90	9.00	10.30	12.00	0.20	0.50	0.80
48	8.00	8.50	9.30	9.30	10.70	12.30	0.30	0.50	0.80
49	8.30	8.70	9.60	9.60	11.10	12.70	0.30	0.50	0.80
50	8.50	9.00	9.90	10.00	11.40	13.10	0.30	0.60	0.90
51	8.80	9.30	10.20	10.40	11.80	13.50	0.30	0.70	1.00
52	9.10	9.60	10.60	10.70	12.20	13.90	0.30	0.70	1.10
53	9.40	9.90	10.90	11.00	12.50	14.30	0.40	0.70	1.20
54	9.60	10.30	11.30	11.50	12.80	14.80	0.50	0.70	1.30
55	9.90	10.60	11.70	11.90	13.30	15.10	0.50	0.70	1.40
56	10.40	11.10	12.30	12.10	13.50	15.40	0.50	0.80	1.40
57	10.90	11.60	12.90	12.40	13.80	15.80	0.50	0.90	1.50
58	11.40	12.20	13.50	12.70	14.00	16.10	0.50	0.90	1.60
59	11.90	12.80	14.30	13.10	14.30	16.30	0.70	1.00	1.70
60	12.40	13.40	14.90	13.50	14.50	16.70	0.80	1.10	1.80
61	13.10	14.10	15.70	13.70	14.80	17.10	0.80	1.30	2.00
62	13.80	14.90	16.70	14.10	15.00	17.20	0.90	1.30	2.00
63	14.60	15.70	17.60	14.30	15.20	17.50	0.90	1.50	2.20
64	15.40	16.60	18.60	14.70	15.40	17.80	1.00	1.50	2.30
65	16.20	17.50	19.70	14.90	15.60	18.00	1.10	1.60	2.40
66	17.40	18.90	21.40	15.70	16.40	18.90	1.20	1.80	2.70
67	18.70	20.50	23.30	16.50	17.00	19.70	1.30	2.00	3.00
68	20.00	22.30	25.40	17.00	18.90	21.80	1.50	2.20	3.30
69	21.40	24.10	27.60	17.50	19.40	22.40	1.70	2.50	3.70
70	22.90	26.10	30.00	18.00	20.00	23.10	1.80	2.80	4.10
71	24.30	27.60	31.70	18.60	20.60	23.80	2.00	3.00	4.40
72	25.90	29.10	33.50	19.10	21.30	24.50	2.00	3.20	4.70
73	27.40	30.50	35.20	19.70	21.90	25.30	2.20	3.50	5.10
74	29.10	32.00	37.10	20.30	22.50	26.00	2.20	3.80	5.40
75	30.80	33.60	38.70	20.90	23.20	26.80	2.30	4.00	5.90
76	32.30	34.50	39.40	21.50	23.90	27.60	2.50	4.10	6.00
77	33.90	35.30	39.90	22.20	24.60	28.40	2.60	4.30	6.00
78	35.60	38.30	42.90	22.80	25.40	29.30	2.80	4.60	7.50
79	37.30	40.10	44.90	23.50	26.10	30.20	3.10	4.90	8.00

80	39.00*	41.90*	47.00*	3.30*	5.30*	8.60*
81	41.10*	44.20*	49.50*	3.50*	5.70*	9.30*
82	43.40*	46.70*	52.30*	3.80*	6.10*	10.00*
83	45.90*	49.40*	55.30*	4.10*	6.60*	10.70*
84	48.30*	51.90*	58.20*	4.40*	7.10*	11.50*
85	51.10*	54.90*	61.60*	4.70*	7.60*	12.40*
86	55.70*	59.90*	67.10*	5.10*	8.20*	13.30*
87	60.80*	65.40*	73.30*	5.50*	8.80*	14.30*
88	66.10*	71.10*	79.60*	5.90*	9.50*	15.40*
89	72.00*	77.40*	86.70*	6.30*	10.20*	16.60*
90	78.20*	84.10*	94.20*	6.80*	10.90*	17.80*
91	79.80*	85.80*	96.10*	7.30*	11.70*	19.20*
92	81.40*	87.50*	98.10*	7.80*	12.60*	20.60*
93	83.10*	89.40*	100.10*	8.40*	13.60*	22.10*
94	84.90*	91.30*	102.30*	9.00*	14.60*	23.80*
95	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
96	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
97	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
98	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
99	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
100	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
101	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
102	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
103	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
104	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
105	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
106	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
107	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
108	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
109	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
110	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Non-forfeiture Benefit

### (Shortened Benefit Period Option)

#### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	5.20	5.40	5.60	4.90	5.40	6.20	0.10	0.20	0.50
41	5.40	5.50	5.80	5.10	5.70	6.50	0.10	0.20	0.50
42	5.50	5.60	6.00	5.40	5.90	6.70	0.10	0.30	0.50
43	5.70	5.80	6.20	5.60	6.20	7.00	0.10	0.30	0.50
44	5.80	5.90	6.40	5.80	6.60	7.30	0.20	0.30	0.50
45	6.00	6.10	6.60	6.00	6.80	7.70	0.20	0.30	0.50
46	6.10	6.40	6.80	6.30	6.90	8.00	0.20	0.30	0.60
47	6.30	6.50	6.90	6.60	7.30	8.40	0.20	0.30	0.70
48	6.50	6.70	7.20	6.80	7.60	8.70	0.20	0.30	0.70
49	6.70	6.90	7.30	7.00	7.80	9.10	0.20	0.30	0.70
50	6.80	7.10	7.60	7.30	8.10	9.40	0.30	0.40	0.70
51	7.00	7.20	7.80	7.60	8.50	9.80	0.30	0.40	0.70
52	7.20	7.50	8.00	7.80	8.80	10.20	0.30	0.40	0.80
53	7.40	7.70	8.30	8.10	9.00	10.50	0.30	0.50	0.80
54	7.60	7.90	8.50	8.30	9.40	11.00	0.30	0.50	0.90
55	7.70	8.10	8.70	8.80	9.80	11.40	0.50	0.50	1.00
56	8.00	8.50	9.20	9.10	10.00	11.60	0.50	0.50	1.00
57	8.50	8.80	9.60	9.20	10.30	11.70	0.50	0.60	1.00
58	8.80	9.20	10.00	9.60	10.70	12.10	0.50	0.70	1.10
59	9.20	9.60	10.60	9.90	10.90	12.20	0.50	0.80	1.10
60	9.60	10.00	11.00	10.20	11.20	12.50	0.50	0.90	1.20
61	10.00	10.50	11.60	10.60	11.50	12.80	0.70	0.90	1.30
62	10.60	11.00	12.20	10.80	11.80	13.00	0.70	1.10	1.40
63	11.10	11.70	12.90	11.30	11.90	13.30	0.80	1.10	1.40
64	11.60	12.30	13.60	11.70	12.10	13.60	0.80	1.20	1.60
65	12.20	13.00	14.30	12.00	12.30	13.90	0.90	1.20	1.60
66	13.20	14.00	15.60	12.60	13.00	14.50	0.90	1.40	1.80
67	14.10	15.30	16.90	13.40	13.50	15.40	1.10	1.40	2.00
68	15.20	16.50	18.30	13.80	15.00	17.30	1.10	1.70	2.30
69	16.40	18.00	19.90	14.20	15.50	17.80	1.20	1.70	2.50
70	17.50	19.40	21.70	14.60	15.90	18.30	1.40	2.10	2.70
71	18.60	20.50	22.80	15.10	16.40	18.90	1.50	2.10	3.00
72	19.80	21.60	23.90	15.50	16.90	19.40	1.50	2.20	3.30
73	20.90	22.70	25.10	16.00	17.40	20.00	1.70	2.20	3.50
74	22.10	23.70	26.10	16.50	17.90	20.60	1.80	2.40	3.80
75	23.30	24.90	27.20	17.00	18.50	21.20	1.80	2.40	4.00
76	24.40	25.50	27.70	17.50	19.00	21.90	1.90	2.50	4.20
77	25.40	26.10	28.10	18.00	19.60	22.50	2.20	2.70	4.30
78	26.60	28.00	30.60	18.50	20.20	23.20	2.40	3.40	5.50
79	27.60	29.10	31.70	19.10	20.80	23.90	2.50	3.60	5.90

80	28.70*	30.20*	33.00*	2.70*	3.90*	6.40*
81	30.40*	32.00*	34.90*	2.90*	4.20*	6.80*
82	32.40*	34.10*	37.20*	3.20*	4.50*	7.30*
83	34.40*	36.20*	39.50*	3.40*	4.90*	7.90*
84	36.40*	38.30*	41.80*	3.60*	5.20*	8.50*
85	38.70*	40.70*	44.50*	3.90*	5.60*	9.10*
86	42.60*	44.80*	49.00*	4.20*	6.00*	9.80*
87	46.80*	49.30*	53.80*	4.50*	6.50*	10.50*
88	51.30*	54.00*	59.00*	4.90*	7.00*	11.30*
89	56.10*	59.10*	64.50*	5.20*	7.50*	12.20*
90	61.30*	64.50*	70.50*	5.60*	8.00*	13.10*
91	62.50*	65.80*	71.80*	6.10*	8.70*	14.10*
92	63.70*	67.10*	73.20*	6.50*	9.30*	15.10*
93	64.90*	68.30*	74.60*	7.00*	10.00*	16.30*
94	66.10*	69.60*	76.00*	7.50*	10.70*	17.50*
95	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
96	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
97	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
98	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
99	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
100	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
101	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
102	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
103	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
104	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
105	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
106	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
107	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
108	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
109	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
110	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Non-forfeiture Benefit

### (Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home, \$10/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	5.40	5.70	6.10	6.00	7.00	8.20	0.10	0.20	0.40
41	5.60	5.90	6.30	6.20	7.30	8.50	0.10	0.20	0.50
42	5.80	6.10	6.50	6.50	7.50	8.90	0.10	0.20	0.50
43	5.90	6.30	6.80	6.80	7.80	9.10	0.20	0.30	0.50
44	6.10	6.50	7.00	7.10	8.10	9.50	0.20	0.30	0.50
45	6.30	6.70	7.30	7.30	8.40	9.70	0.20	0.30	0.50
46	6.50	6.90	7.50	7.60	8.70	10.10	0.20	0.40	0.60
47	6.70	7.10	7.80	7.90	9.00	10.40	0.20	0.40	0.60
48	7.00	7.40	8.00	8.10	9.30	10.80	0.20	0.40	0.80
49	7.20	7.60	8.30	8.40	9.60	11.10	0.20	0.40	0.80
50	7.40	7.90	8.60	8.70	9.90	11.40	0.30	0.40	0.80
51	7.60	8.10	8.90	9.10	10.20	11.80	0.30	0.50	0.90
52	7.90	8.40	9.20	9.30	10.50	12.10	0.30	0.50	1.00
53	8.10	8.60	9.50	9.70	10.90	12.50	0.40	0.60	1.00
54	8.40	8.90	9.80	9.90	11.20	12.90	0.40	0.60	1.10
55	8.60	9.20	10.20	10.30	11.60	13.20	0.40	0.70	1.10
56	9.00	9.70	10.70	10.60	11.70	13.40	0.40	0.70	1.20
57	9.50	10.10	11.20	10.80	12.00	13.70	0.40	0.80	1.30
58	9.90	10.60	11.80	11.10	12.20	13.90	0.50	0.80	1.40
59	10.40	11.10	12.40	11.40	12.40	14.20	0.50	0.90	1.50
60	10.80	11.70	13.00	11.70	12.60	14.50	0.60	0.90	1.60
61	11.40	12.30	13.70	12.00	12.80	14.80	0.70	1.00	1.70
62	12.10	13.00	14.50	12.10	13.00	15.00	0.70	1.10	1.80
63	12.70	13.70	15.30	12.50	13.20	15.30	0.80	1.20	1.90
64	13.40	14.40	16.20	12.70	13.40	15.50	0.80	1.30	2.00
65	14.10	15.20	17.10	13.00	13.60	15.70	0.90	1.40	2.20
66	15.10	16.50	18.60	13.70	14.20	16.40	1.10	1.50	2.40
67	16.20	17.90	20.30	14.40	14.80	17.10	1.20	1.70	2.60
68	17.40	19.40	22.10	14.80	16.50	19.00	1.30	1.90	2.90
69	18.60	21.00	24.00	15.30	17.00	19.60	1.50	2.10	3.20
70	19.90	22.70	26.10	15.70	17.50	20.20	1.60	2.40	3.60
71	21.20	24.00	27.60	16.20	18.00	20.80	1.70	2.60	3.80
72	22.50	25.30	29.10	16.70	18.50	21.40	1.80	2.80	4.10
73	23.90	26.60	30.70	17.20	19.10	22.00	1.90	3.00	4.40
74	25.30	27.90	32.20	17.70	19.70	22.70	2.00	3.20	4.70
75	26.80	29.20	33.70	18.20	20.30	23.40	2.00	3.40	5.10
76	28.10	30.00	34.30	18.80	20.90	24.10	2.20	3.60	5.10
77	29.50	30.80	34.70	19.40	21.50	24.80	2.30	3.70	5.20
78	30.90	33.20	37.20	19.90	22.10	25.60	2.50	4.00	6.50
79	32.40	34.80	39.00	20.50	22.80	26.30	2.70	4.30	7.00

# Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit  
(Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit  
\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care  
91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	33.90*	36.50*	40.80*				2.90*	4.60*	7.50*
81	35.80*	38.50*	43.10*				3.10*	5.00*	8.10*
82	37.80*	40.60*	45.50*				3.30*	5.30*	8.70*
83	39.90*	42.90*	48.10*				3.50*	5.70*	9.30*
84	42.10*	45.30*	50.70*				3.80*	6.20*	10.00*
85	44.40*	47.70*	53.50*				4.10*	6.60*	10.80*
86	48.50*	52.20*	58.40*				4.40*	7.10*	11.60*
87	52.90*	56.90*	63.70*				4.70*	7.60*	12.50*
88	57.50*	61.80*	69.30*				5.10*	8.20*	13.40*
89	62.60*	67.30*	75.40*				5.50*	8.80*	14.40*
90	68.00*	73.10*	81.90*				5.90*	9.50*	15.50*
91	69.40*	74.60*	83.60*				6.30*	10.20*	16.70*
92	70.80*	76.10*	85.30*				6.80*	11.00*	17.90*
93	72.30*	77.70*	87.10*				7.30*	11.80*	19.30*
94	73.80*	79.40*	88.90*				7.90*	12.70*	20.70*
95	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
96	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
97	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
98	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
99	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
100	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
101	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
102	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
103	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
104	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
105	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
106	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
107	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
108	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
109	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
110	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Non-forfeiture Benefit

### (Shortened Benefit Period Option)

#### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	4.50	4.60	4.90	4.30	4.80	5.40	0.10	0.20	0.40
41	4.70	4.80	5.10	4.40	4.90	5.60	0.10	0.20	0.40
42	4.80	4.90	5.20	4.60	5.20	5.90	0.10	0.20	0.40
43	4.90	5.10	5.40	4.90	5.30	6.10	0.10	0.20	0.40
44	5.10	5.20	5.50	5.00	5.60	6.50	0.10	0.20	0.50
45	5.20	5.40	5.70	5.30	5.80	6.70	0.10	0.20	0.50
46	5.30	5.50	5.90	5.50	6.10	7.00	0.20	0.30	0.50
47	5.50	5.70	6.10	5.70	6.30	7.20	0.20	0.30	0.50
48	5.60	5.80	6.20	5.90	6.60	7.60	0.20	0.30	0.60
49	5.80	6.00	6.40	6.10	6.80	7.90	0.20	0.30	0.60
50	5.90	6.20	6.60	6.40	7.00	8.20	0.20	0.30	0.60
51	6.10	6.30	6.80	6.60	7.40	8.50	0.20	0.40	0.70
52	6.30	6.50	7.00	6.80	7.60	8.80	0.20	0.40	0.70
53	6.40	6.70	7.20	7.10	7.90	9.20	0.30	0.40	0.70
54	6.60	6.90	7.40	7.30	8.20	9.50	0.30	0.40	0.80
55	6.70	7.10	7.60	7.60	8.40	9.80	0.40	0.40	0.80
56	7.00	7.40	8.00	7.90	8.70	10.00	0.40	0.40	0.80
57	7.30	7.70	8.40	8.10	9.00	10.20	0.40	0.50	0.80
58	7.70	8.00	8.80	8.30	9.20	10.40	0.40	0.60	0.90
59	8.00	8.30	9.20	8.60	9.60	10.60	0.40	0.70	0.90
60	8.30	8.70	9.60	8.90	9.80	10.80	0.50	0.70	1.00
61	8.70	9.20	10.10	9.20	9.90	11.10	0.60	0.80	1.10
62	9.20	9.70	10.60	9.50	10.10	11.40	0.60	0.80	1.20
63	9.70	10.20	11.20	9.70	10.30	11.60	0.60	0.90	1.30
64	10.10	10.70	11.80	10.10	10.60	11.80	0.70	1.00	1.40
65	10.60	11.30	12.50	10.50	10.70	12.00	0.80	1.00	1.40
66	11.50	12.20	13.50	10.90	11.30	12.70	0.80	1.20	1.60
67	12.30	13.30	14.70	11.60	11.80	13.40	0.90	1.30	1.80
68	13.20	14.40	16.00	11.90	13.00	14.90	1.00	1.40	1.90
69	14.20	15.60	17.40	12.30	13.40	15.40	1.10	1.60	2.10
70	15.20	16.90	18.80	12.70	13.80	15.80	1.20	1.70	2.40
71	16.20	17.80	19.80	13.10	14.20	16.30	1.30	1.90	2.60
72	17.20	18.80	20.80	13.40	14.60	16.80	1.30	1.90	2.80
73	18.20	19.70	21.80	13.90	15.10	17.30	1.40	2.00	3.00
74	19.20	20.70	22.70	14.30	15.50	17.80	1.50	2.00	3.30
75	20.30	21.60	23.60	14.70	16.00	18.40	1.60	2.10	3.60
76	21.20	22.20	24.10	15.10	16.50	18.90	1.70	2.20	3.60
77	22.10	22.70	24.40	15.60	16.90	19.50	1.90	2.30	3.80
78	23.10	24.30	26.60	16.10	17.50	20.10	2.00	2.90	4.80
79	24.00	25.30	27.60	16.50	18.00	20.70	2.20	3.10	5.10

# Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit  
(Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care  
91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	25.00*	26.30*	28.70*				2.40*	3.40*	5.50*
81	26.50*	27.90*	30.50*				2.50*	3.60*	5.90*
82	28.10*	29.60*	32.30*				2.70*	3.90*	6.30*
83	29.90*	31.50*	34.40*				2.90*	4.20*	6.80*
84	31.70*	33.40*	36.40*				3.20*	4.50*	7.30*
85	33.70*	35.50*	38.70*				3.40*	4.80*	7.90*
86	37.00*	38.90*	42.50*				3.60*	5.20*	8.50*
87	40.60*	42.70*	46.70*				3.90*	5.60*	9.10*
88	44.60*	46.90*	51.30*				4.20*	6.00*	9.80*
89	48.80*	51.40*	56.10*				4.50*	6.50*	10.50*
90	53.30*	56.10*	61.30*				4.90*	6.90*	11.30*
91	54.30*	57.20*	62.40*				5.20*	7.50*	12.20*
92	55.40*	58.30*	63.70*				5.60*	8.00*	13.10*
93	56.40*	59.40*	64.80*				6.00*	8.60*	14.10*
94	57.50*	60.50*	66.10*				6.50*	9.30*	15.10*
95	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
96	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
97	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
98	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
99	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
100	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
101	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
102	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
103	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
104	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
105	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
106	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
107	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
108	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
109	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
110	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Non-forfeiture Benefit (Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit  
\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care  
181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	4.90	5.20	5.60	5.50	6.40	7.50	0.10	0.20	0.40
41	5.10	5.40	5.70	5.60	6.60	7.70	0.10	0.20	0.50
42	5.30	5.60	5.90	5.90	6.80	8.10	0.10	0.20	0.50
43	5.40	5.70	6.20	6.20	7.10	8.30	0.20	0.30	0.50
44	5.60	5.90	6.40	6.50	7.40	8.60	0.20	0.30	0.50
45	5.70	6.10	6.60	6.60	7.60	8.80	0.20	0.30	0.50
46	5.90	6.30	6.80	6.90	7.90	9.20	0.20	0.40	0.50
47	6.10	6.50	7.10	7.20	8.20	9.50	0.20	0.40	0.50
48	6.40	6.70	7.30	7.40	8.50	9.80	0.20	0.40	0.70
49	6.60	6.90	7.60	7.60	8.70	10.10	0.20	0.40	0.70
50	6.70	7.20	7.80	7.90	9.00	10.40	0.30	0.40	0.70
51	6.90	7.40	8.10	8.30	9.30	10.70	0.30	0.50	0.80
52	7.20	7.60	8.40	8.50	9.60	11.00	0.30	0.50	0.90
53	7.40	7.80	8.60	8.80	9.90	11.40	0.40	0.50	0.90
54	7.60	8.10	8.90	9.00	10.20	11.70	0.40	0.50	1.00
55	7.80	8.40	9.30	9.40	10.60	12.00	0.40	0.60	1.00
56	8.20	8.80	9.70	9.60	10.60	12.20	0.40	0.60	1.10
57	8.60	9.20	10.20	9.80	10.90	12.50	0.40	0.70	1.20
58	9.00	9.60	10.70	10.10	11.10	12.60	0.50	0.70	1.30
59	9.50	10.10	11.30	10.40	11.30	12.90	0.50	0.80	1.40
60	9.80	10.60	11.80	10.60	11.50	13.20	0.50	0.80	1.50
61	10.40	11.20	12.50	10.90	11.60	13.50	0.60	0.90	1.50
62	11.00	11.80	13.20	11.00	11.80	13.70	0.60	1.00	1.60
63	11.60	12.50	13.90	11.40	12.00	13.90	0.70	1.10	1.70
64	12.20	13.10	14.70	11.60	12.20	14.10	0.70	1.20	1.80
65	12.80	13.80	15.60	11.80	12.40	14.30	0.80	1.30	2.00
66	13.70	15.00	16.90	12.50	12.90	14.90	1.00	1.40	2.20
67	14.70	16.30	18.50	13.10	13.50	15.60	1.10	1.50	2.40
68	15.80	17.70	20.10	13.50	15.00	17.30	1.20	1.70	2.60
69	16.90	19.10	21.80	13.90	15.40	17.80	1.40	1.90	2.90
70	18.10	20.70	23.80	14.30	15.90	18.40	1.50	2.20	3.30
71	19.30	21.80	25.10	14.70	16.40	18.90	1.50	2.40	3.50
72	20.50	23.00	26.50	15.20	16.90	19.50	1.60	2.50	3.70
73	21.70	24.20	27.90	15.60	17.40	20.10	1.70	2.70	4.00
74	23.00	25.40	29.30	16.10	17.90	20.70	1.80	2.90	4.30
75	24.40	26.60	30.70	16.60	18.40	21.30	1.80	3.10	4.60
76	25.60	27.30	31.20	17.10	19.00	21.90	2.00	3.30	4.60
77	26.80	28.00	31.60	17.60	19.60	22.60	2.10	3.40	4.70
78	28.10	30.20	33.90	18.10	20.20	23.30	2.20	3.60	5.90
79	29.50	31.70	35.50	18.70	20.80	24.00	2.40	3.90	6.40

# Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit

(Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	30.80*	33.20*	37.20*				2.60*	4.20*	6.80*
81	32.60*	35.00*	39.30*				2.80*	4.50*	7.40*
82	34.40*	37.00*	41.40*				3.00*	4.80*	7.90*
83	36.30*	39.00*	43.70*				3.20*	5.20*	8.50*
84	38.30*	41.20*	46.20*				3.50*	5.60*	9.10*
85	40.40*	43.40*	48.70*				3.70*	6.00*	9.80*
86	44.10*	47.50*	53.20*				4.00*	6.50*	10.60*
87	48.10*	51.80*	58.00*				4.30*	7.00*	11.40*
88	52.30*	56.30*	63.00*				4.60*	7.50*	12.20*
89	57.00*	61.30*	68.60*				5.00*	8.00*	13.10*
90	61.90*	66.50*	74.60*				5.40*	8.60*	14.10*
91	63.20*	67.90*	76.10*				5.80*	9.30*	15.20*
92	64.40*	69.30*	77.60*				6.20*	10.00*	16.30*
93	65.80*	70.70*	79.30*				6.70*	10.70*	17.50*
94	67.20*	72.20*	80.90*				7.20*	11.50*	18.80*
95	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
96	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
97	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
98	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
99	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
100	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
101	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
102	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
103	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
104	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
105	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
106	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
107	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
108	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
109	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
110	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit  
(Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care  
181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	4.10	4.20	4.50	3.90	4.40	4.90	0.10	0.20	0.40
41	4.30	4.40	4.60	4.00	4.50	5.10	0.10	0.20	0.40
42	4.40	4.50	4.70	4.20	4.70	5.40	0.10	0.20	0.40
43	4.50	4.60	4.90	4.50	4.80	5.60	0.10	0.20	0.40
44	4.60	4.70	5.00	4.60	5.10	5.90	0.10	0.20	0.50
45	4.70	4.90	5.20	4.80	5.30	6.10	0.10	0.20	0.50
46	4.80	5.00	5.40	5.00	5.60	6.40	0.20	0.30	0.50
47	5.00	5.20	5.60	5.20	5.70	6.60	0.20	0.30	0.50
48	5.10	5.30	5.60	5.40	6.00	6.90	0.20	0.30	0.50
49	5.30	5.50	5.80	5.60	6.20	7.20	0.20	0.30	0.50
50	5.40	5.60	6.00	5.80	6.40	7.50	0.20	0.30	0.50
51	5.60	5.70	6.20	6.00	6.70	7.70	0.20	0.40	0.60
52	5.70	5.90	6.40	6.20	6.90	8.00	0.20	0.40	0.60
53	5.80	6.10	6.60	6.50	7.20	8.40	0.30	0.40	0.60
54	6.00	6.30	6.70	6.60	7.50	8.60	0.30	0.40	0.70
55	6.10	6.50	6.90	6.90	7.60	8.90	0.40	0.40	0.70
56	6.40	6.70	7.30	7.20	7.90	9.10	0.40	0.40	0.70
57	6.60	7.00	7.60	7.40	8.20	9.30	0.40	0.50	0.70
58	7.00	7.30	8.00	7.60	8.40	9.50	0.40	0.50	0.80
59	7.30	7.60	8.40	7.80	8.70	9.60	0.40	0.60	0.80
60	7.60	7.90	8.70	8.10	8.90	9.80	0.50	0.60	0.90
61	7.90	8.40	9.20	8.40	9.00	10.10	0.50	0.70	1.00
62	8.40	8.80	9.60	8.60	9.20	10.40	0.50	0.70	1.10
63	8.80	9.30	10.20	8.80	9.40	10.60	0.50	0.80	1.20
64	9.20	9.70	10.70	9.20	9.60	10.70	0.60	0.90	1.30
65	9.60	10.30	11.40	9.60	9.70	10.90	0.70	0.90	1.30
66	10.50	11.10	12.30	9.90	10.30	11.60	0.70	1.10	1.50
67	11.20	12.10	13.40	10.60	10.70	12.20	0.80	1.20	1.60
68	12.00	13.10	14.60	10.90	11.80	13.60	0.90	1.30	1.70
69	12.90	14.20	15.80	11.20	12.20	14.00	1.00	1.50	1.90
70	13.80	15.40	17.10	11.50	12.50	14.40	1.10	1.50	2.20
71	14.70	16.20	18.00	11.90	12.90	14.90	1.20	1.70	2.40
72	15.70	17.10	18.90	12.20	13.30	15.30	1.20	1.70	2.50
73	16.60	17.90	19.80	12.60	13.70	15.80	1.30	1.80	2.70
74	17.50	18.80	20.70	13.00	14.10	16.20	1.40	1.80	3.00
75	18.50	19.70	21.50	13.40	14.50	16.70	1.50	1.90	3.30
76	19.30	20.20	21.90	13.80	15.00	17.20	1.50	2.00	3.30
77	20.10	20.70	22.20	14.20	15.40	17.70	1.70	2.10	3.50
78	21.00	22.10	24.20	14.60	15.90	18.30	1.90	2.70	4.30
79	21.80	23.00	25.10	15.10	16.40	18.80	2.00	2.90	4.60

# Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit  
(Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	22.80*	23.90*	26.10*				2.10*	3.10*	5.00*
81	24.10*	25.40*	27.70*				2.30*	3.30*	5.40*
82	25.60*	26.90*	29.40*				2.50*	3.50*	5.80*
83	27.20*	28.60*	31.30*				2.70*	3.80*	6.20*
84	28.80*	30.40*	33.20*				2.90*	4.10*	6.70*
85	30.70*	32.30*	35.20*				3.10*	4.40*	7.20*
86	33.70*	35.40*	38.70*				3.30*	4.70*	7.70*
87	36.90*	38.90*	42.50*				3.60*	5.10*	8.30*
88	40.60*	42.70*	46.70*				3.80*	5.50*	8.90*
89	44.40*	46.70*	51.00*				4.10*	5.90*	9.60*
90	48.50*	51.10*	55.80*				4.40*	6.30*	10.30*
91	49.40*	52.00*	56.80*				4.80*	6.80*	11.10*
92	50.40*	53.10*	57.90*				5.10*	7.30*	11.90*
93	51.30*	54.00*	59.00*				5.50*	7.90*	12.80*
94	52.30*	55.10*	60.10*				5.90*	8.40*	13.70*
95	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
96	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
97	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
98	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
99	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
100	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
101	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
102	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
103	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
104	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
105	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
106	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
107	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
108	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
109	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
110	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Survivorship Benefit Premium Percentage

Issue Age	Base	Base Policy Plus	Base Policy Plus
		Automatic Benefit Increase Option	Automatic Additional Purchase Benefit
18-40	12.00%	21.00%	17.00%
41	12.00%	22.00%	17.00%
42	12.00%	22.00%	18.00%
43	13.00%	22.00%	18.00%
44	13.00%	22.00%	19.00%
45	14.00%	23.00%	19.00%
46	14.00%	23.00%	20.00%
47	15.00%	23.00%	20.00%
48	15.00%	24.00%	21.00%
49	15.00%	24.00%	22.00%
50	16.00%	24.00%	22.00%
51	16.00%	24.00%	23.00%
52	17.00%	25.00%	23.00%
53	17.00%	25.00%	24.00%
54	17.00%	25.00%	24.00%
55	18.00%	25.00%	24.00%
56	18.00%	25.00%	25.00%
57	19.00%	26.00%	25.00%
58	19.00%	26.00%	25.00%
59	19.00%	26.00%	26.00%
60	20.00%	26.00%	26.00%
61	20.00%	26.00%	26.00%
62	20.00%	27.00%	27.00%
63	20.00%	27.00%	27.00%
64	21.00%	27.00%	27.00%
65	21.00%	27.00%	27.00%
66	21.00%	27.00%	27.00%
67	22.00%	27.00%	27.00%
68	22.00%	27.00%	27.00%
69	22.00%	26.00%	26.00%
70	22.00%	26.00%	26.00%
71	22.00%	26.00%	26.00%
72	22.00%	26.00%	25.00%
73	21.00%	25.00%	24.00%
74	21.00%	25.00%	23.00%
75	21.00%	24.00%	23.00%
76	20.00%	24.00%	22.00%
77	20.00%	23.00%	21.00%
78	20.00%	23.00%	21.00%
79	20.00%	23.00%	21.00%


80	21.00%*
81	21.00%*
82	21.00%*
83	21.00%*
84	21.00%*
85	21.00%*
86	21.00%*
87	21.00%*
88	21.00%*
89	21.00%*
90	21.00%*
91	21.00%*
92	21.00%*
93	21.00%*
94	21.00%*
95	21.00%*
96	21.00%*
97	21.00%*
98	21.00%*
99	21.00%*
100	21.00%*
101	21.00%*
102	21.00%*
103	21.00%*
104	21.00%*
105	21.00%*
106	21.00%*
107	21.00%*
108	21.00%*
109	21.00%*
110	21.00%*

\* Percentages applicable only for increases after issue.



Actuarial Certification

I, Steven P. Sperka, am an Assistant Actuary and officer of the Northwestern Long Term Care Insurance Company and am a member in good standing of the American Academy of Actuaries. I wrote the Actuarial Memorandum for the rate filing for form RS.LTC.(1101). The assumptions used as stated in this memorandum are reasonable and realistic for this product. To the best of my knowledge and judgement, the rate submission complies with the laws and regulations of your state and the benefits are reasonable in relationship to premiums charged.

  
\_\_\_\_\_  
Assistant Actuary

\_\_\_\_\_  
March 2, 2001  
Date

THE NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

ACTUARIAL MEMORANDUM

for use with RS LTC.(1101)

CONTENTS

I - Product Description	2
II. - Description of Rate Calculation	3
III. - Actuarial Basis	
A. - Morbidity	4
B. - Expenses	5
C - Field Compensation / Agent Commission	6
D. - Mortality	6
E. - Lapse	7
F. - Interest	7
G. - Reserve Basis - Base Plan	8
H. - Reserve Basis - Shortened Benefit Period	9
I. - Sales Distribution Assumptions	10
J. - Miscellaneous	11
IV. - Anticipated Loss Ratios	12
V. - Sales Considerations	12
Appendix - Sample Claim Costs	13



## I. - Product Description

This policy reimburses eligible expenses of the insured up to the daily limits of the policy. The product is priced to have level premiums. All premiums are guaranteed renewable. The product is available at issue ages 18 through 79. Premiums are on a sex neutral basis.

The insured chooses a daily limit, benefit period, beginning date and home and community care coverage percentage. The plan reimburses eligible expenses up to the daily limits once beginning dates are satisfied. The plan continues to reimburse expenses until eligible expenses are no longer incurred or benefits are exhausted.

Care can be provided in licensed nursing homes, alternate living facilities or in the home and adult day care agencies by licensed health care practitioners. Respite care is also covered.

Two indexing options are available. The first option, called the Automatic Benefit Increase Option, is a level premium product with the daily limit and the benefit account value remaining indexing at 5% per year. This benefit is considered inflation protection if the compound rate is 5%.

The second option, called the Automatic Additional Purchase Benefit, provides a level benefit while the insured does not require LTC benefits. The daily limit and the benefit account value remaining begin indexing at 5% per year if and when the insured is on claim. Also under this option, the insured has the option of purchasing an additional amount of coverage, equal to 5% of the prior years daily limit, each year. This additional coverage also increases the benefit account value. The premiums for the additional coverage are level and are based on the insured's current attained age. The insured can continue to purchase the additional coverage under this option until the insured has refused two of the optional increases in coverage.

All plans include the waiver of premium benefit.

An optional non-forfeiture benefit and survivorship benefit are also available. The non-forfeiture benefit, called Paid-up nonforfeiture benefit, provides paid-up coverage when premium payments stop on or after the third policy anniversary via a smaller aggregate benefit amount. The survivorship benefit, called the Survivorship Benefit, is a benefit that can be purchased when two spouses each purchase an NLTC long-term care policy. Upon the death of the first insured, this benefit will change the status of the second insured's policy to fully paid up, beginning at the later of the death of the first insured, and the first anniversary after the benefit on the surviving insured's policy has been paid for and in force for 7 years.

One underwriting class exists for all policies issued. The policy is participating.

## II - Description of Rate Calculation

Premiums were calculated using NLTC pricing methods and objectives. Quinquennial premiums were produced and then interpolated and smoothed across all issue ages so that pricing goals were met in aggregate. Final adjustments were made to the rates recognizing anticipated morbidity differences due to NLTC specific underwriting and product design. The assumptions used to calculate premiums and test profitability include NLTC anticipated general portfolio yields and the various assumptions listed on the following pages.



### III. - Actuarial Basis

#### A Morbidity

The Milliman & Robertson (M&R) Internal Guidelines for Long Term Care Claim Costs were used for morbidity estimates. These Guidelines have been developed in conjunction with professionals in several M&R offices over the last five years and reflect actual experience of various carriers, numerous studies of non-insurance data and judgment. The guidelines are a continually evolving rating structure that are modified as more experience becomes available

Underwriting adjustments were applied by policy year to reflect the morbidity anticipated due to underwriting. These factors are based on experience reviewed by M&R for benefit plans similar to NLTC with modifications to reflect the level of underwriting. For the Automatic Additional Purchase Benefit option, composite selection factors were calculated from the factors above recognizing that initial underwriting will wear off over time. Final adjustments were made to morbidity recognizing anticipated morbidity differences due to NLTC specific underwriting and product design.

Appendix I shows claim costs used in developing premiums.

III. - Actuarial Basis(cont.)B. Expenses

## 1) Per Policy

a) All Years	\$50
b) Additional First Year	
Ages 18 - 72	\$300
Ages 73 and over	\$500

## 2) Percent of Premium

a) Premium tax all years	2.2%
b) Additional first year	10%
(H.O costs)	

## 3) Percent of Claim

All years (based on incurred claims)	6%
--------------------------------------	----



III. - Actuarial Basis (cont )C. Agent Commission/Field Compensation

## 1. Agent Commission

<u>Issue Ages</u>	<u>First Year Commission</u>	<u>Renewal Commission (Policy years 2-10)</u>
18-65	40.0%	8.0%
66	39.5%	8.0%
67	39.0%	8.0%
68	38.5%	8.0%
69	38.0%	8.0%
70	37.5%	8.0%
71	37.0%	8.0%
72	36.5%	8.0%
73	36.0%	8.0%
74	35.5%	8.0%
75	35.0%	8.0%
76	34.5%	8.0%
77	34.0%	8.0%
78	33.5%	8.0%
79	33.0%	8.0%

## 2. Field Compensation

## a) First Year

<u>Issue Age</u>	<u>%</u>	<u>Issue Age</u>	<u>%</u>
18-65	61.60%	73	54.96%
66	60.90%	74	54.26%
67	60.19%	75	53.05%
68	59.49%	76	52.35%
69	58.78%	77	51.14%
70	58.08%	78	50.44%
71	56.87%	79	49.23%
72	56.17%		

## b) Renewal Years

<u>Duration</u>	<u>%</u>
2	18.64
3	13.40
4	13.24
5	13.00
6	12.76
7	12.60
8	12.28
9	12.04
10	9.30
11+	4.85 - .063t
	t=duration

## 3. Commissions are reduced on policies receiving the multi-life discount.

D. Mortality

## 1983 Individual Annuitant Mortality

N

III - Actuarial Basis (cont.)E. Lapse

Policy Year	Lapse Rate
1	4.00%
2	3.60%
3	3.30%
4	3.05%
5	2.90%
6	2.80%
7	2.70%
8	2.60%
9	2.55%
10+	2.50%

Lapse Adjustment for Nonforfeiture Benefit - The following table of multipliers was used to adjust lapse rates for those policies with the shortened benefit period nonforfeiture option:

Policy Year	Lapse Adjustment Multiplier for SBP
1	0.50
2	0.00
3	2.00
4	1.70
5	1.10
6	1.10
7	1.10
8	1.10
9	1.10
10+	1.10

F. Interest

Present values used for verification of minimum loss ratios are calculated assuming an interest rate of 6.0%.



III. - Actuarial Basis (cont )G. Reserve Basis - Base Plans

1. Statutory Reserve Basis - Statutory Active Life Reserves are based on the claim costs developed for this plan increased by 10%. A one-year preliminary term method with 1983 Group Annuitant Mortality (GAM) and 4.0% interest is used. Lapse rates are included in the reserve calculations. Specifically, the following formula for total termination rates (TTRs) is used:

TTR = Lessor of:    a)      1983 GAM plus lessor of:

i.)      8% for durations 1 - 4  
            4% for duration 5 and later, or

ii.)     80% of pricing lapse rate;

and

b)      80% of pricing total termination rate.

Disabled life reserves use the pricing morbidity table directly and a 4.5% interest rate.

2. Tax Reserve Basis - Tax Active Life Reserves are based on the claim costs developed for this plan increased by 10%. A one year preliminary term method with 1983 GAM mortality and 6.63% interest is used. We have included lapse rates in the reserve calculations using the same total termination rate formula used in the statutory reserves. Tax Disabled Life Reserves use the pricing morbidity table directly and a 6.63% interest rate.

III. - Actuarial Basis (cont )H. Reserve Basis - Shortened Benefit Period

Shortened Benefit Period Reserves use the same assumptions as the base plan except where noted below. Active life reserves are equal to:

a. The greater of:

1. The LTC active life reserve, and
2. The lapse benefit

plus

b. The Shortened Benefit Period Reserve

where:

The LTC active life reserve is consistent with the base policy

The lapse benefit is equal to the present value of future claims for an insured if the policy is lapsed in the following year.

The Shortened Benefit Period reserve is equal to the present value of future claims for all insureds currently in paid-up status.

All lapse benefit and SBP reserves are based on female mortality and morbidity.



III. - Actuarial Basis (cont )I. Sales Distribution Assumptions

Distribution of Business by Issue Age:

<u>Issue Age</u>	<u>Distribution</u>
52	5%
57	20%
62	35%
67	25%
72	10%
77	5%

Distribution of Business by Plan:

<u>Benefit Period (Years)</u>	<u>Distribution</u>
3	10%
6	25%
Lifetime	65%
<u>Beginning Date (Days)</u>	<u>Distribution</u>
46	15%
91	70%
181	15%
<u>Benefit Design</u>	<u>Distribution</u>
<u>NH/AL/HC</u>	
100/100/100	85%
100/100/50	15%

Distribution of Business by Sex:

<u>Sex</u>	<u>Distribution</u>
Male	40%
Female	60%

Distribution of Business by Indexing Option:

<u>Indexing Option</u>	<u>Distribution</u>
None	25%
Automatic Benefit Increase	5%
Automatic Additional Purchase Benefit	70%

III. - Actuarial Basis (cont.)J. Miscellaneous

## 1. Average Policy Size

Daily Limit = \$100/day

## 2. Federal Income Tax Percentage

35%

## 3. Differential Earnings Rate

5%

## 3. Required Surplus Charges

 $C_1$  - 45% of earned premium $C_2$  - 8.3% of reserves

## 4. Modal Premium Factors

For premiums paid other than annually, the following factor is multiplied times the annual premium.

Premium Mode	Factor
Annual	1.00
Semi-Annual	0.512
Quarterly	0.259
Monthly	0.087



#### IV. Anticipated Loss Ratios

Anticipated loss ratios have been calculated for all durations combined. The resulting loss ratio in aggregate is in excess of 60%. The anticipated loss ratio was calculated using the following formula:

$$\text{Anticipated Loss Ratio} = \frac{\text{Present Value of Incurred Claims}}{\text{Present Value of Earned Premium}}$$

These values are calculated over the lifetime of the policy and reflect the time value of money and policy terminations.

#### V. Sales Considerations

The average annual premium is approximately \$1,600

This product will be marketed in the individual marketplace to a broad spectrum of individuals. A multi-life discount of 5% of the premium applies when there is a sale to an employer/employee group of three or more employees or association group of ten or more members. This discount will be available to members and retirees of these groups, as well as their parents, spouses, and spouses' parents.

## Appendix

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments

HCC at 100%									
Sample Male Claim Costs Per \$1 of Daily Benefit									
Base Plan									
Attained Age	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.887	0.779	0.697	1.239	1.094	0.987	1.724	1.529	1.385
65	2.178	1.854	1.647	2.802	2.398	2.138	3.569	3.061	2.735
75	7.011	5.871	5.105	8.580	7.224	6.305	10.580	8.922	7.791
85	20.174	16.838	14.358	23.604	19.764	16.840	28.473	23.859	20.330
95	38.893	31.955	26.308	44.530	36.739	30.273	53.294	43.997	36.269

HCC at 100%									
Sample Female Claim Costs Per \$1 of Daily Benefit									
Base Plan									
Attained Age	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.883	0.774	0.695	1.271	1.125	1.020	1.886	1.679	1.534
65	2.796	2.426	2.190	3.857	3.370	3.063	5.325	4.670	4.260
75	9.108	7.862	7.112	12.325	10.699	9.709	16.274	14.157	12.854
85	31.766	27.678	25.171	42.366	36.996	33.502	53.607	46.805	42.264
95	50.092	43.182	38.174	64.020	55.496	49.214	79.822	69.145	61.088

HCC at 50%									
Sample Male Claim Costs Per \$1 of Daily Benefit									
Base Plan									
Attained Age	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.698	0.615	0.549	0.883	0.779	0.702	1.140	1.007	0.909
65	1.577	1.354	1.199	1.892	1.630	1.452	2.365	2.041	1.821
75	5.496	4.666	4.074	6.584	5.620	4.926	8.051	6.878	6.028
85	16.307	13.830	11.885	18.857	16.049	13.815	22.751	19.375	16.681
95	33.674	27.973	23.162	38.388	32.020	26.580	45.950	38.350	31.852

HCC at 50%									
Sample Female Claim Costs Per \$1 of Daily Benefit									
Base Plan									
Attained Age	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.671	0.592	0.534	0.875	0.777	0.707	1.204	1.073	0.982
65	2.196	1.919	1.733	2.872	2.526	2.303	3.900	3.441	3.146
75	7.553	6.587	5.977	9.919	8.699	7.923	12.922	11.350	10.334
85	27.542	24.197	22.035	36.116	31.818	28.917	45.438	40.015	36.269
95	43.633	37.918	33.605	55.882	48.863	43.576	69.610	60.803	54.011



## Appendix (cont )

Sample claim costs used in pricing before adjustments for underwriting and other claim cost adjustments

<b>HCC at 100%</b>									
<b>Sample Male Claim Costs Per \$1 of Daily Benefit</b>									
<b>Base Plus AAPB</b>									
<u>Attained Age</u>	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.960	0.850	0.773	1.418	1.264	1.159	2.161	1.935	1.784
65	2.349	2.016	1.819	3.149	2.717	2.462	4.163	3.602	3.272
75	7.502	6.332	5.589	9.471	8.041	7.125	11.912	10.131	8.988
85	21.517	18.094	15.654	25.748	21.728	18.776	31.332	26.463	22.866
95	41.262	34.169	28.547	48.148	40.053	33.489	57.976	48.269	40.383

<b>HCC at 100%</b>									
<b>Sample Female Claim Costs Per \$1 of Daily Benefit</b>									
<b>Base Plus AAPB</b>									
<u>Attained Age</u>	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.958	0.848	0.773	1.465	1.309	1.208	2.507	2.255	2.102
65	3.020	2.641	2.420	4.379	3.857	3.562	6.595	5.841	5.419
75	9.808	8.531	7.833	13.883	12.147	11.188	19.295	16.928	15.603
85	34.193	30.008	27.675	47.462	41.745	38.305	61.574	54.139	49.490
95	53.643	46.571	41.742	70.951	61.975	55.741	89.989	78.517	70.259

<b>HCC at 50%</b>									
<b>Sample Male Claim Costs Per \$1 of Daily Benefit</b>									
<b>Base Plus AAPB</b>									
<u>Attained Age</u>	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.781	0.694	0.630	1.044	0.931	0.853	1.412	1.261	1.157
65	1.740	1.506	1.355	2.157	1.875	1.697	2.765	2.408	2.183
75	5.947	5.088	4.506	7.327	6.304	5.608	9.087	7.827	6.962
85	17.522	14.964	13.029	20.678	17.726	15.463	25.158	21.583	18.829
95	35.873	30.027	25.213	41.636	35.008	29.473	50.137	42.188	35.546

<b>HCC at 50%</b>									
<b>Sample Female Claim Costs Per \$1 of Daily Benefit</b>									
<b>Base Plus AAPB</b>									
<u>Attained Age</u>	<u>3/46</u>	<u>3/91</u>	<u>3/181</u>	<u>6/46</u>	<u>6/91</u>	<u>6/181</u>	<u>Life/46</u>	<u>Life/91</u>	<u>Life/181</u>
55	0.758	0.676	0.620	1.056	0.946	0.878	1.616	1.456	1.360
65	2.425	2.136	1.958	3.319	2.944	2.726	4.878	4.347	4.040
75	8.257	7.255	6.674	11.303	9.987	9.226	15.383	13.620	12.577
85	29.938	26.479	24.431	40.739	36.136	33.258	52.419	46.468	42.614
95	47.006	41.126	36.932	62.321	54.896	49.638	78.892	69.388	62.409

NORTHWESTERN LONG TERM CARE INSURANCE COMPANY  
720 EAST WISCONSIN AVENUE  
MILWAUKEE, WISCONSIN 53202

LONG-TERM CARE INSURANCE GROSS PREMIUMS  
RS SERIES - NOVEMBER, 2001

Annual Premiums per \$10 of Long-Term Care Daily Benefit

I. Premium Calculation

RS-R-.011

II. Basic Benefit and Indexing Options Benefits

Forms RS.LTC.(1101), RR.LTC.ABL.(0798), RS.LTC.APB.(1101)

Nursing Home Benefit	Home Care & Adult Day Care Benefit	Beginning Date	Benefit Period	Page
\$10	\$10	46	All	RS-R-1
\$10	\$5	46	All	RS-R-3
\$10	\$10	91	All	RS-R-5
\$10	\$5	91	All	RS-R-7
\$10	\$10	181	All	RS-R-9
\$10	\$5	181	All	RS-R-11

III. Paid-Up Nonforfeiture Benefit

Form RR.LTC.NFB.(0798)

Nursing Home Benefit	Home Care & Adult Day Care Benefit	Beginning Date	Benefit Period	Page
\$10	\$10	46	All	RS-R-13
\$10	\$5	46	All	RS-R-15
\$10	\$10	91	All	RS-R-17
\$10	\$5	91	All	RS-R-19
\$10	\$10	181	All	RS-R-21
\$10	\$5	181	All	RS-R-23

IV. Survivorship Benefit

Form RS.LTC.SB.(1101)

Premium Percentages	Page
All	RS-R-25



# Northwestern Long Term Care Insurance Company

## Premium Calculation

**A = The base premium rate per \$10 of daily benefit based on the age, plan, benefit period, and beginning date.**

**B = The add-on premium rate per \$10 of daily benefit for the automatic benefit increase option.**

If the policy has an automatic benefit increase option with an increase other than 5%, multiply the premium rate by (the % chosen / 5). Do not round.

**C = The add-on premium rate per \$10 of daily benefit for the automatic additional purchase benefit option.**

**D = The shortened benefit period premium rate for the base per \$10 of daily benefit based on the age, plan, benefit period, and beginning date.**

**E = The add-on shortened benefit period premium rate per \$10 of daily benefit for the automatic benefit increase option.**

If the policy has an automatic benefit increase option with an increase other than 5%, multiply the premium rate by (the % chosen / 5). Do not round.

**F = The add-on shortened benefit period premium rate per \$10 of daily benefit for the automatic additional purchase benefit option.**

**G = The number of \$10 units (daily benefit/10).**

**H = The multi-life discount factor (0.95 if applicable, 1.0 otherwise).**

**I = The premium modal factor (1.0 for annual, 0.512 for semi-annual, 0.259 for quarterly, 0.087 for monthly).**

**J = The spousal discount factor (0.85 if applicable, 1.0 otherwise).**

**K = The Survivorship Benefit premium percentage that is based on the age, and the additional benefits that are present on the policy.**

**For each component (A through F)\*, calculate the modal premium:**

- Multiply the premium rate by the multi-life discount factor (H).
- Round the result to the nearest penny.
- Multiply the result by the number of \$10 units (G).
- Multiply the result by the premium modal factor (I).
- Multiply the result by the spousal discount factor (J).
- Round the result for the component to the nearest penny.
- Repeat these steps for all the applicable components A-F.
- For example, round (AxH) to the nearest penny. Then multiply this number times (GxIxJ). This is the final number to be summed for each component.

The total modal premium without the Survivorship Benefit is the sum of each of the individual components.

When the policy has the Survivorship Benefit, the following additional steps are performed to calculate the modal Survivorship Benefit Premium:

- Calculate the total modal premium for the policy using the procedure outlined above. However, do not include any premium for the Paid-Up Nonforfeiture Benefit.
- Multiply the result by the Survivorship Benefit premium percentage (K).
- Round this result to the nearest penny.

The total modal premium for the policy including the Survivorship Benefit is the sum of the total modal premium without the Survivorship Benefit and the modal Survivorship Benefit premium.

\* Not all components will be applicable to all contracts.



# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home, \$10/day for Home Care & Adult Day Care

46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	36.50	42.80	51.10	140.50	179.80	231.30	1.90	3.90	7.90
41	38.00	44.70	53.40	141.40	180.80	232.50	2.10	4.10	8.30
42	39.70	46.70	55.80	142.10	181.70	233.60	2.20	4.30	8.70
43	41.40	48.70	58.30	142.90	182.70	234.60	2.30	4.70	9.10
44	43.20	50.90	60.90	143.60	183.50	235.60	2.40	4.90	9.60
45	45.00	53.20	63.70	144.30	184.20	236.40	2.60	5.10	10.00
46	47.00	55.50	66.60	144.90	185.00	237.20	2.70	5.50	10.50
47	49.00	58.00	69.60	145.50	185.60	237.90	2.90	5.70	11.00
48	51.10	60.60	72.70	146.10	186.10	238.50	3.10	6.00	11.60
49	53.30	63.30	76.00	146.60	186.60	239.00	3.30	6.40	12.20
50	55.60	66.10	79.50	147.00	187.10	239.40	3.50	6.70	12.70
51	58.00	69.00	83.10	147.30	187.40	239.70	3.70	7.10	13.30
52	60.50	72.10	86.80	147.60	187.60	240.20	3.90	7.50	14.00
53	63.10	75.30	90.80	147.90	187.80	240.60	4.10	7.90	14.60
54	65.90	78.60	94.90	148.00	187.90	241.00	4.30	8.40	15.30
55	68.70	82.10	99.10	148.10	188.00	241.40	4.60	8.90	16.10
56	72.80	87.00	105.10	149.80	190.00	242.20	4.90	9.50	17.10
57	77.10	92.30	111.50	151.50	192.00	244.50	5.30	10.10	18.00
58	81.70	97.80	118.20	153.10	193.90	246.80	5.70	10.90	19.10
59	86.60	103.70	125.30	154.50	195.60	248.80	6.00	11.60	20.30
60	91.80	109.90	132.90	155.80	197.20	250.60	6.40	12.40	21.50
61	98.00	117.40	142.00	158.40	200.30	254.30	6.90	13.30	22.90
62	104.60	125.40	151.60	160.80	203.20	257.90	7.50	14.30	24.50
63	111.60	133.90	162.00	163.20	206.00	261.20	8.10	15.40	26.10
64	119.10	143.00	173.00	165.30	208.60	264.30	8.80	16.60	27.90
65	127.20	152.70	184.80	167.30	211.00	267.10	9.40	17.90	29.80
66	140.30	168.50	203.90	175.00	220.70	279.30	10.50	19.90	32.90
67	154.70	185.90	225.00	182.90	230.70	291.70	11.80	22.10	36.30
68	170.70	205.00	248.30	190.80	240.80	304.20	13.00	24.70	40.10
69	188.30	226.20	274.00	198.70	250.90	316.80	14.50	27.40	44.30
70	207.60	249.60	302.40	206.80	261.00	329.40	16.30	30.40	48.80
71	229.60	275.80	334.30	216.00	273.00	344.30	18.10	33.90	54.00
72	253.80	304.80	369.50	225.30	284.90	359.40	20.30	37.80	59.80
73	280.70	336.90	408.50	234.50	298.90	374.40	22.50	42.00	66.10
74	310.30	372.40	451.50	243.60	308.70	389.50	25.20	46.70	73.10
75	343.10	411.50	499.20	252.50	320.40	404.10	28.10	52.00	80.80
76	372.80	446.50	541.80	259.80	330.20	416.90	30.80	56.90	87.90
77	405.00	484.40	588.00	267.00	339.80	429.50	33.80	62.20	95.70
78	439.90	525.50	638.20	273.90	349.10	441.60	37.10	68.00	104.20
79	477.90	570.10	692.70	280.20	357.90	453.30	40.80	74.40	113.40

80	519.20*	618.50*	751.80*	44.70*	81.30*	123.40*
81	557.30*	662.20*	805.00*	48.30*	87.70*	132.60*
82	598.10*	709.00*	862.00*	52.40*	94.60*	142.40*
83	641.90*	759.10*	923.10*	56.80*	101.90*	152.90*
84	689.00*	812.80*	988.40*	61.40*	109.80*	164.30*
85	739.40*	870.20*	1,058.40*	66.50*	118.50*	176.50*
86	776.60*	911.40*	1,108.80*	70.10*	124.30*	184.90*
87	815.60*	954.60*	1,161.70*	73.90*	130.40*	193.60*
88	856.60*	999.80*	1,217.00*	77.90*	136.80*	202.80*
89	899.60*	1,047.20*	1,275.00*	82.10*	143.50*	212.40*
90	944.80*	1,096.80*	1,335.70*	86.50*	150.60*	222.60*
91	978.30*	1,134.40*	1,383.70*	89.80*	156.00*	231.20*
92	1,013.10*	1,173.30*	1,433.40*	93.00*	161.60*	240.10*
93	1,049.00*	1,213.60*	1,484.90*	96.50*	167.30*	249.40*
94	1,086.20*	1,255.20*	1,538.20*	100.20*	173.20*	259.00*
95	1,124.80*	1,298.20*	1,593.40*	103.80*	179.50*	269.10*
96	1,160.80*	1,341.90*	1,652.80*	107.20*	186.30*	280.70*
97	1,197.90*	1,387.00*	1,714.30*	110.80*	193.40*	293.00*
98	1,236.20*	1,433.60*	1,778.20*	114.50*	200.90*	305.60*
99	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
100	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
101	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
102	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
103	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
104	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
105	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
106	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
107	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
108	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
109	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*
110	1,275.80*	1,481.90*	1,844.40*	118.20*	208.40*	318.90*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	29.50	33.30	38.60	110.60	139.10	176.00	1.80	3.30	5.40
41	30.70	34.80	40.30	111.30	139.90	177.10	1.90	3.40	5.70
42	32.00	36.30	42.10	112.00	140.80	178.20	2.00	3.60	6.00
43	33.30	37.80	44.00	112.70	141.60	179.20	2.10	3.80	6.30
44	34.70	39.50	45.90	113.40	142.30	180.20	2.20	4.00	6.70
45	36.10	41.20	48.00	114.00	143.10	181.00	2.40	4.20	7.00
46	37.60	42.90	50.10	114.60	143.90	181.90	2.50	4.50	7.40
47	39.10	44.80	52.40	115.20	144.50	182.70	2.70	4.70	7.80
48	40.70	46.70	54.70	115.80	145.10	183.40	2.90	5.00	8.20
49	42.40	48.70	57.20	116.30	145.70	184.10	3.00	5.30	8.60
50	44.20	50.80	59.70	116.70	146.20	184.70	3.10	5.50	9.10
51	46.00	53.00	62.40	117.10	146.70	185.20	3.30	5.80	9.60
52	47.90	55.20	65.20	117.50	147.10	185.60	3.50	6.20	10.10
53	49.90	57.60	68.10	117.80	147.50	186.00	3.70	6.50	10.60
54	51.90	60.10	71.10	118.20	147.70	186.30	4.00	6.90	11.20
55	54.10	62.70	74.30	118.30	147.90	186.50	4.10	7.20	11.70
56	57.30	66.40	78.80	120.00	150.10	189.10	4.40	7.80	12.60
57	60.60	70.50	83.70	121.70	152.00	191.60	4.80	8.20	13.30
58	64.20	74.70	88.80	123.20	153.90	194.00	5.00	8.80	14.20
59	67.90	79.20	94.20	124.80	155.80	196.30	5.40	9.30	15.10
60	71.90	84.00	100.00	126.20	157.50	198.50	5.80	9.90	16.10
61	76.80	89.80	107.00	128.70	160.60	202.20	6.20	10.70	17.20
62	82.00	96.00	114.50	131.10	163.60	205.90	6.70	11.50	18.40
63	87.50	102.60	122.50	133.40	166.50	209.40	7.20	12.40	19.70
64	93.50	109.70	131.00	135.60	169.30	212.90	7.70	13.30	21.10
65	99.80	117.20	140.20	137.80	172.00	216.10	8.30	14.40	22.60
66	110.20	129.60	155.00	144.70	180.60	227.00	9.30	16.00	25.10
67	121.70	143.20	171.50	151.70	189.50	238.00	10.30	17.90	27.70
68	134.30	158.30	189.70	159.00	198.50	249.30	11.60	19.90	30.70
69	148.30	174.90	209.80	166.30	207.80	260.90	12.90	22.20	34.00
70	163.80	193.40	232.00	173.70	217.00	272.60	14.30	24.60	37.70
71	181.40	214.20	257.20	182.00	227.60	285.90	16.00	27.50	41.80
72	200.90	237.30	285.10	190.40	238.20	299.50	17.80	30.60	46.40
73	222.50	262.80	316.00	198.80	249.00	313.20	19.90	34.20	51.50
74	246.50	291.20	350.30	207.20	259.70	326.90	22.10	38.00	57.20
75	273.00	322.50	388.30	215.50	270.50	340.60	24.70	42.40	63.50
76	297.00	350.70	422.50	222.00	278.90	351.50	27.10	46.40	69.20
77	323.20	381.30	459.60	228.20	287.10	362.40	29.60	50.80	75.50
78	351.60	414.60	500.10	234.30	295.00	372.80	32.50	55.60	82.30
79	382.60	450.80	544.10	239.80	302.50	382.90	35.50	60.80	89.70

80	416.30*	490.10*	591.90*	38.90*	66.60*	97.90*
81	447.40*	525.90*	635.30*	42.10*	72.00*	105.40*
82	480.80*	564.30*	681.90*	45.50*	77.70*	113.40*
83	516.70*	605.50*	731.90*	49.30*	83.90*	122.10*
84	555.40*	649.80*	785.50*	53.20*	90.50*	131.50*
85	596.90*	697.20*	843.10*	57.60*	97.80*	141.50*
86	628.00*	732.30*	886.10*	60.70*	102.80*	148.70*
87	660.80*	769.20*	931.30*	63.90*	108.10*	156.30*
88	695.30*	807.90*	978.80*	67.30*	113.70*	164.20*
89	731.60*	848.60*	1,028.70*	70.80*	119.60*	172.60*
90	769.80*	891.40*	1,081.20*	74.60*	125.70*	181.40*
91	799.00*	924.30*	1,123.10*	77.30*	130.50*	188.90*
92	829.30*	958.50*	1,166.70*	80.10*	135.30*	196.70*
93	860.80*	994.00*	1,212.00*	83.00*	140.30*	204.80*
94	893.40*	1,030.70*	1,259.00*	86.10*	145.60*	213.30*
95	927.30*	1,068.90*	1,307.90*	89.20*	151.00*	222.10*
96	958.60*	1,106.50*	1,358.40*	92.30*	156.80*	232.00*
97	991.00*	1,145.50*	1,410.90*	95.50*	162.80*	242.30*
98	1,024.50*	1,185.90*	1,465.40*	98.70*	169.00*	253.10*
99	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
100	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
101	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
102	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
103	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
104	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
105	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
106	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
107	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
108	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
109	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*
110	1,059.10*	1,227.70*	1,522.00*	102.10*	175.40*	264.40*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	31.70	37.20	44.40	122.20	156.40	201.20	1.70	3.40	6.90
41	33.10	38.90	46.40	122.90	157.20	202.20	1.80	3.50	7.20
42	34.50	40.60	48.50	123.60	158.00	203.10	1.90	3.80	7.60
43	36.00	42.40	50.70	124.30	158.80	204.00	2.00	4.00	8.00
44	37.50	44.30	53.00	124.90	159.50	204.80	2.20	4.20	8.30
45	39.20	46.20	55.40	125.50	160.20	205.60	2.20	4.50	8.70
46	40.90	48.30	57.90	126.00	160.80	206.20	2.40	4.70	9.20
47	42.60	50.40	60.50	126.60	161.40	206.90	2.60	5.00	9.60
48	44.50	52.70	63.30	127.00	161.90	207.30	2.60	5.20	10.00
49	46.40	55.00	66.10	127.40	162.30	207.80	2.80	5.60	10.60
50	48.40	57.50	69.10	127.80	162.60	208.20	3.00	5.80	11.10
51	50.50	60.00	72.20	128.10	163.00	208.50	3.10	6.20	11.60
52	52.60	62.70	75.50	128.40	163.20	208.90	3.40	6.50	12.20
53	54.90	65.50	78.90	128.50	163.30	209.30	3.60	6.90	12.80
54	57.30	68.40	82.50	128.60	163.30	209.70	3.70	7.30	13.30
55	59.80	71.40	86.20	128.70	163.30	210.10	3.90	7.70	14.00
56	63.30	75.70	91.40	130.30	165.20	210.60	4.30	8.20	14.80
57	67.10	80.20	96.90	131.70	167.00	212.70	4.50	8.90	15.70
58	71.10	85.10	102.80	133.10	168.50	214.60	4.90	9.40	16.60
59	75.30	90.20	109.00	134.40	170.10	216.30	5.30	10.00	17.60
60	79.80	95.60	115.60	135.50	171.50	217.90	5.60	10.80	18.60
61	85.20	102.10	123.50	137.70	174.20	221.10	6.00	11.60	19.90
62	90.90	109.00	131.90	139.90	176.80	224.20	6.60	12.50	21.20
63	97.10	116.40	140.80	141.80	179.20	227.20	7.00	13.50	22.80
64	103.60	124.30	150.40	143.70	181.50	229.90	7.60	14.50	24.30
65	110.60	132.80	160.70	145.50	183.50	232.20	8.20	15.50	25.90
66	122.00	146.50	177.30	152.20	192.00	242.90	9.10	17.30	28.60
67	134.60	161.60	195.70	159.00	200.60	253.60	10.20	19.30	31.50
68	148.40	178.30	215.90	165.90	209.40	264.50	11.40	21.40	34.90
69	163.70	196.70	238.30	172.90	218.20	275.40	12.70	23.80	38.50
70	180.60	217.00	262.90	179.80	227.00	286.50	14.10	26.50	42.50
71	199.60	239.90	290.70	187.90	237.30	299.40	15.80	29.40	47.00
72	220.70	265.10	321.30	195.90	247.70	312.50	17.60	32.80	52.00
73	244.10	293.00	355.20	203.90	258.10	325.60	19.60	36.50	57.50
74	269.90	323.80	392.70	211.80	268.50	338.60	21.80	40.60	63.50
75	298.40	357.90	434.10	219.50	278.60	351.40	24.40	45.20	70.20
76	324.10	388.20	471.10	226.00	287.20	362.50	26.80	49.50	76.50
77	352.10	421.20	511.30	232.20	295.50	373.40	29.40	54.10	83.30
78	382.60	457.00	555.00	238.10	303.50	384.00	32.20	59.10	90.60
79	415.60	495.80	602.30	243.60	311.20	394.20	35.40	64.60	98.60

# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	451.50*	537.80*	653.70*				38.80*	70.80*	107.30*
81	484.60*	575.80*	700.00*				42.10*	76.30*	115.30*
82	520.10*	616.50*	749.60*				45.50*	82.30*	123.80*
83	558.20*	660.10*	802.70*				49.30*	88.60*	133.00*
84	599.10*	706.70*	859.50*				53.40*	95.60*	142.90*
85	643.00*	756.70*	920.40*				57.80*	103.00*	153.40*
86	675.30*	792.50*	964.20*				61.00*	108.10*	160.70*
87	709.20*	830.10*	1,010.10*				64.30*	113.40*	168.40*
88	744.80*	869.40*	1,058.30*				67.80*	119.00*	176.30*
89	782.30*	910.60*	1,108.70*				71.40*	124.80*	184.70*
90	821.60*	953.70*	1,161.50*				75.20*	131.00*	193.50*
91	850.70*	986.40*	1,203.20*				78.10*	135.70*	201.00*
92	880.90*	1,020.30*	1,246.40*				81.00*	140.50*	208.80*
93	912.20*	1,055.30*	1,291.20*				83.90*	145.40*	216.90*
94	944.60*	1,091.50*	1,337.60*				87.00*	150.60*	225.20*
95	978.10*	1,128.90*	1,385.60*				90.30*	156.00*	234.00*
96	1,009.40*	1,166.90*	1,437.20*				93.30*	162.00*	244.10*
97	1,041.70*	1,206.10*	1,490.70*				96.30*	168.20*	254.80*
98	1,075.00*	1,246.70*	1,546.20*				99.50*	174.60*	265.80*
99	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
100	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
101	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
102	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
103	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
104	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
105	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
106	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
107	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
108	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
109	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*
110	1,109.40*	1,288.60*	1,603.80*				102.80*	181.30*	277.30*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	25.60	29.00	33.50	96.20	120.90	153.10	1.60	2.80	4.80
41	26.70	30.20	35.00	96.80	121.70	154.10	1.60	3.00	5.00
42	27.80	31.50	36.60	97.40	122.50	154.90	1.70	3.20	5.30
43	28.90	32.90	38.20	98.10	123.10	155.90	1.90	3.30	5.60
44	30.10	34.30	40.00	98.70	123.80	156.60	2.00	3.50	5.80
45	31.40	35.80	41.70	99.20	124.50	157.50	2.10	3.70	6.20
46	32.70	37.30	43.60	99.70	125.10	158.20	2.20	3.90	6.40
47	34.00	38.90	45.50	100.20	125.70	158.90	2.30	4.10	6.80
48	35.40	40.60	47.60	100.70	126.20	159.50	2.50	4.30	7.10
49	36.90	42.30	49.70	101.10	126.70	160.10	2.60	4.60	7.50
50	38.40	44.20	51.90	101.50	127.10	160.60	2.80	4.80	7.90
51	40.00	46.10	54.20	101.90	127.50	161.10	2.90	5.10	8.40
52	41.70	48.00	56.70	102.10	128.00	161.40	3.00	5.40	8.70
53	43.40	50.10	59.20	102.50	128.20	161.80	3.20	5.70	9.20
54	45.20	52.30	61.80	102.70	128.40	162.10	3.40	5.90	9.80
55	47.00	54.50	64.60	103.00	128.80	162.20	3.70	6.30	10.20
56	49.80	57.80	68.60	104.40	130.40	164.40	3.90	6.70	10.80
57	52.70	61.30	72.80	105.80	132.20	166.60	4.10	7.10	11.50
58	55.80	65.00	77.20	107.20	133.80	168.70	4.40	7.60	12.30
59	59.10	68.90	82.00	108.50	135.40	170.60	4.70	8.10	13.10
60	62.50	73.00	87.00	109.80	137.00	172.50	5.00	8.70	13.90
61	66.80	78.10	93.00	111.90	139.60	175.90	5.40	9.30	15.00
62	71.30	83.40	99.50	114.00	142.30	179.10	5.80	10.10	16.00
63	76.10	89.20	106.50	116.00	144.80	182.10	6.30	10.80	17.10
64	81.30	95.40	113.90	117.90	147.20	185.10	6.70	11.60	18.40
65	86.80	101.90	121.90	119.80	149.60	187.90	7.20	12.60	19.60
66	95.80	112.70	134.80	125.80	157.00	197.40	8.10	13.90	21.80
67	105.80	124.50	149.10	131.90	164.80	207.00	9.00	15.60	24.10
68	116.80	137.60	164.90	138.20	172.70	216.90	10.10	17.30	26.70
69	129.00	152.10	182.40	144.60	180.70	226.90	11.20	19.30	29.60
70	142.40	168.10	201.80	151.10	188.80	237.00	12.50	21.50	32.70
71	157.70	186.30	223.60	158.30	197.90	248.70	13.90	23.90	36.40
72	174.70	206.30	247.90	165.60	207.20	260.40	15.50	26.70	40.40
73	193.50	228.60	274.80	172.90	216.50	272.30	17.30	29.70	44.80
74	214.30	253.20	304.60	180.20	225.90	284.30	19.30	33.10	49.70
75	237.40	280.50	337.70	187.40	235.20	296.10	21.40	36.80	55.10
76	258.30	305.00	367.40	193.00	242.50	305.70	23.50	40.30	60.20
77	281.00	331.60	399.70	198.50	249.60	315.10	25.80	44.10	65.60
78	305.80	360.50	434.80	203.60	256.50	324.30	28.20	48.40	71.60
79	332.70	392.00	473.10	208.50	263.10	333.00	30.90	52.90	78.10

# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	362.00*	426.20*	514.70*				33.80*	57.90*	85.20*
81	389.00*	457.30*	552.40*				36.60*	62.60*	91.70*
82	418.10*	490.70*	592.90*				39.60*	67.60*	98.70*
83	449.30*	526.60*	636.40*				42.90*	72.90*	106.20*
84	482.90*	565.00*	683.10*				46.30*	78.80*	114.30*
85	519.00*	606.30*	733.20*				50.10*	85.00*	123.00*
86	546.10*	636.80*	770.60*				52.80*	89.40*	129.20*
87	574.60*	668.90*	809.90*				55.60*	94.00*	135.80*
88	604.60*	702.60*	851.10*				58.50*	98.80*	142.80*
89	636.20*	737.90*	894.50*				61.60*	104.00*	150.10*
90	669.40*	775.10*	940.20*				64.80*	109.30*	157.70*
91	694.80*	803.80*	976.60*				67.20*	113.40*	164.30*
92	721.20*	833.50*	1,014.50*				69.60*	117.60*	171.10*
93	748.50*	864.30*	1,053.90*				72.20*	122.10*	178.10*
94	776.90*	896.30*	1,094.80*				74.80*	126.60*	185.50*
95	806.40*	929.50*	1,137.30*				77.50*	131.30*	193.10*
96	833.60*	962.20*	1,181.20*				80.20*	136.30*	201.80*
97	861.70*	996.10*	1,226.90*				83.10*	141.60*	210.70*
98	890.80*	1,031.20*	1,274.30*				85.90*	147.00*	220.10*
99	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
100	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
101	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
102	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
103	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
104	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
105	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
106	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
107	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
108	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
109	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*
110	920.90*	1,067.60*	1,323.50*				88.80*	152.50*	229.90*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	28.80	33.90	40.40	111.20	142.30	183.10	1.50	3.10	6.30
41	30.10	35.40	42.20	111.80	143.10	184.00	1.60	3.20	6.60
42	31.40	36.90	44.10	112.50	143.80	184.80	1.70	3.50	6.90
43	32.80	38.60	46.10	113.10	144.50	185.60	1.80	3.60	7.30
44	34.10	40.30	48.20	113.70	145.10	186.40	2.00	3.80	7.60
45	35.70	42.00	50.40	114.20	145.80	187.10	2.00	4.10	7.90
46	37.20	44.00	52.70	114.70	146.30	187.60	2.20	4.30	8.40
47	38.80	45.90	55.10	115.20	146.90	188.30	2.40	4.60	8.70
48	40.50	48.00	57.60	115.60	147.30	188.60	2.40	4.70	9.10
49	42.20	50.10	60.20	115.90	147.70	189.10	2.50	5.10	9.60
50	44.00	52.30	62.90	116.30	148.00	189.50	2.70	5.30	10.10
51	46.00	54.60	65.70	116.60	148.30	189.70	2.80	5.60	10.60
52	47.90	57.10	68.70	116.80	148.50	190.10	3.10	5.90	11.10
53	50.00	59.60	71.80	116.90	148.60	190.50	3.30	6.30	11.60
54	52.10	62.20	75.10	117.00	148.60	190.90	3.40	6.60	12.10
55	54.40	65.00	78.40	117.10	148.60	191.30	3.50	7.00	12.70
56	57.60	68.90	83.20	118.60	150.30	191.60	3.90	7.50	13.50
57	61.10	73.00	88.20	119.80	152.00	193.60	4.10	8.10	14.30
58	64.70	77.40	93.50	121.10	153.30	195.30	4.50	8.60	15.10
59	68.50	82.10	99.20	122.30	154.80	196.80	4.80	9.10	16.00
60	72.60	87.00	105.20	123.30	156.10	198.30	5.10	9.80	16.90
61	77.50	92.90	112.40	125.30	158.50	201.20	5.50	10.60	18.10
62	82.70	99.20	120.00	127.30	160.90	204.00	6.00	11.40	19.30
63	88.40	105.90	128.10	129.00	163.10	206.80	6.40	12.30	20.70
64	94.30	113.10	136.90	130.80	165.20	209.20	6.90	13.20	22.10
65	100.60	120.80	146.20	132.40	167.00	211.30	7.50	14.10	23.60
66	111.00	133.30	161.30	138.50	174.70	221.00	8.30	15.70	26.00
67	122.50	147.10	178.10	144.70	182.50	230.80	9.30	17.60	28.70
68	135.00	162.30	196.50	151.00	190.60	240.70	10.40	19.50	31.80
69	149.00	179.00	216.90	157.30	198.60	250.60	11.60	21.70	35.00
70	164.30	197.50	239.20	163.60	206.60	260.70	12.80	24.10	38.70
71	181.60	218.30	264.50	171.00	215.90	272.50	14.40	26.80	42.80
72	200.80	241.20	292.40	178.30	225.40	284.40	16.00	29.80	47.30
73	222.10	266.60	323.20	185.50	234.90	296.30	17.80	33.20	52.30
74	245.60	294.70	357.40	192.70	244.30	308.10	19.80	36.90	57.80
75	271.50	325.70	395.00	199.70	253.50	319.80	22.20	41.10	63.90
76	294.90	353.30	428.70	205.70	261.40	329.90	24.40	45.00	69.60
77	320.40	383.30	465.30	211.30	268.90	339.80	26.80	49.20	75.80
78	348.20	415.90	505.10	216.70	276.20	349.40	29.30	53.80	82.40
79	378.20	451.20	548.10	221.70	283.20	358.70	32.20	58.80	89.70

# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	410.90*	489.40*	594.90*				35.30*	64.40*	97.60*
81	441.00*	524.00*	637.00*				38.30*	69.40*	104.90*
82	473.30*	561.00*	682.10*				41.40*	74.90*	112.70*
83	508.00*	600.70*	730.50*				44.90*	80.60*	121.00*
84	545.20*	643.10*	782.10*				48.60*	87.00*	130.00*
85	585.10*	688.60*	837.60*				52.60*	93.70*	139.60*
86	614.50*	721.20*	877.40*				55.50*	98.40*	146.20*
87	645.40*	755.40*	919.20*				58.50*	103.20*	153.20*
88	677.80*	791.20*	963.10*				61.70*	108.30*	160.40*
89	711.90*	828.60*	1,008.90*				65.00*	113.60*	168.10*
90	747.70*	867.90*	1,057.00*				68.40*	119.20*	176.10*
91	774.10*	897.60*	1,094.90*				71.10*	123.50*	182.90*
92	801.60*	928.50*	1,134.20*				73.70*	127.90*	190.00*
93	830.10*	960.30*	1,175.00*				76.30*	132.30*	197.40*
94	859.60*	993.30*	1,217.20*				79.20*	137.00*	204.90*
95	890.10*	1,027.30*	1,260.90*				82.20*	142.00*	212.90*
96	918.60*	1,061.90*	1,307.90*				84.90*	147.40*	222.10*
97	947.90*	1,097.60*	1,356.50*				87.60*	153.10*	231.90*
98	978.30*	1,134.50*	1,407.00*				90.50*	158.90*	241.90*
99	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
100	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
101	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
102	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
103	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
104	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
105	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
106	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
107	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
108	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
109	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*
110	1,009.60*	1,172.60*	1,459.50*				93.50*	165.00*	252.30*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit  
\$10/day for Nursing Home. \$5/day for Home Care & Adult Day Care  
181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	23.30	26.40	30.50	87.50	110.00	139.30	1.50	2.50	4.40
41	24.30	27.50	31.90	88.10	110.70	140.20	1.50	2.70	4.60
42	25.30	28.70	33.30	88.60	111.50	141.00	1.50	2.90	4.80
43	26.30	29.90	34.80	89.30	112.00	141.90	1.70	3.00	5.10
44	27.40	31.20	36.40	89.80	112.70	142.50	1.80	3.20	5.30
45	28.60	32.60	37.90	90.30	113.30	143.30	1.90	3.40	5.60
46	29.80	33.90	39.70	90.70	113.80	144.00	2.00	3.50	5.80
47	30.90	35.40	41.40	91.20	114.40	144.60	2.10	3.70	6.20
48	32.20	36.90	43.30	91.60	114.80	145.10	2.30	3.90	6.50
49	33.60	38.50	45.20	92.00	115.30	145.70	2.40	4.20	6.80
50	34.90	40.20	47.20	92.40	115.70	146.10	2.50	4.40	7.20
51	36.40	42.00	49.30	92.70	116.00	146.60	2.60	4.60	7.60
52	37.90	43.70	51.60	92.90	116.50	146.90	2.70	4.90	7.90
53	39.50	45.60	53.90	93.30	116.70	147.20	2.90	5.20	8.40
54	41.10	47.60	56.20	93.50	116.80	147.50	3.10	5.40	8.90
55	42.80	49.60	58.80	93.70	117.00	147.60	3.40	5.70	9.30
56	45.30	52.60	62.40	95.00	118.70	149.60	3.50	6.10	9.80
57	48.00	55.80	66.20	96.30	120.30	151.60	3.70	6.50	10.50
58	50.80	59.20	70.30	97.60	121.80	153.50	4.00	6.90	11.20
59	53.80	62.70	74.60	98.70	123.20	155.20	4.30	7.40	11.90
60	56.90	66.40	79.20	99.90	124.70	157.00	4.60	7.90	12.60
61	60.80	71.10	84.60	101.80	127.00	160.10	4.90	8.50	13.70
62	64.90	75.90	90.50	103.70	129.50	163.00	5.30	9.20	14.60
63	69.30	81.20	96.90	105.60	131.80	165.70	5.70	9.80	15.60
64	74.00	86.80	103.60	107.30	134.00	168.40	6.10	10.60	16.70
65	79.00	92.70	110.90	109.00	136.10	171.00	6.60	11.50	17.80
66	87.20	102.60	122.70	114.50	142.90	179.60	7.40	12.60	19.80
67	96.30	113.30	135.70	120.00	150.00	188.40	8.20	14.20	21.90
68	106.30	125.20	150.10	125.80	157.20	197.40	9.20	15.70	24.30
69	117.40	138.40	166.00	131.60	164.40	206.50	10.20	17.60	26.90
70	129.60	153.00	183.60	137.50	171.80	215.70	11.40	19.60	29.80
71	143.50	169.50	203.50	144.10	180.10	226.30	12.60	21.70	33.10
72	159.00	187.70	225.60	150.70	188.60	237.00	14.10	24.30	36.80
73	176.10	208.00	250.10	157.30	197.00	247.80	15.70	27.00	40.80
74	195.00	230.40	277.20	164.00	205.60	258.70	17.60	30.10	45.20
75	216.00	255.30	307.30	170.50	214.00	269.50	19.50	33.50	50.10
76	235.10	277.60	334.30	175.60	220.70	278.20	21.40	36.70	54.80
77	255.70	301.80	363.70	180.60	227.10	286.70	23.50	40.10	59.70
78	278.30	328.10	395.70	185.30	233.40	295.10	25.70	44.00	65.20
79	302.80	356.70	430.50	189.70	239.40	303.00	28.10	48.10	71.10

# Northwestern Long Term Care Insurance Company

## Long Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	329.40*	387.80*	468.40*				30.80*	52.70*	77.50*
81	354.00*	416.10*	502.70*				33.30*	57.00*	83.40*
82	380.50*	446.50*	539.50*				36.00*	61.50*	89.80*
83	408.90*	479.20*	579.10*				39.00*	66.30*	96.60*
84	439.40*	514.20*	621.60*				42.10*	71.70*	104.00*
85	472.30*	551.70*	667.20*				45.60*	77.40*	111.90*
86	497.00*	579.50*	701.20*				48.00*	81.40*	117.60*
87	522.90*	608.70*	737.00*				50.60*	85.50*	123.60*
88	550.20*	639.40*	774.50*				53.20*	89.90*	129.90*
89	578.90*	671.50*	814.00*				56.10*	94.60*	136.60*
90	609.20*	705.30*	855.60*				59.00*	99.50*	143.50*
91	632.30*	731.50*	888.70*				61.20*	103.20*	149.50*
92	656.30*	758.50*	923.20*				63.30*	107.00*	155.70*
93	681.10*	786.50*	959.00*				65.70*	111.10*	162.10*
94	707.00*	815.60*	996.30*				68.10*	115.20*	168.80*
95	733.80*	845.80*	1,034.90*				70.50*	119.50*	175.70*
96	758.60*	875.60*	1,074.90*				73.00*	124.00*	183.60*
97	784.10*	906.50*	1,116.50*				75.60*	128.90*	191.70*
98	810.60*	938.40*	1,159.60*				78.20*	133.80*	200.30*
99	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
100	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
101	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
102	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
103	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
104	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
105	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
106	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
107	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
108	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
109	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*
110	838.00*	971.50*	1,204.40*				80.80*	138.80*	209.20*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Non-forfeiture Benefit

### (Shortened Benefit Period Option)

#### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	6.20	6.50	7.00	6.90	8.10	9.50	0.10	0.20	0.50
41	6.40	6.80	7.20	7.20	8.30	9.80	0.10	0.20	0.50
42	6.60	7.00	7.50	7.50	8.70	10.10	0.10	0.30	0.60
43	6.80	7.30	7.80	7.80	8.90	10.50	0.20	0.30	0.60
44	7.00	7.50	8.10	8.10	9.30	10.80	0.20	0.30	0.60
45	7.30	7.70	8.30	8.40	9.70	11.30	0.20	0.40	0.80
46	7.50	8.00	8.60	8.70	9.90	11.60	0.20	0.40	0.80
47	7.80	8.20	8.90	9.00	10.30	12.00	0.20	0.50	0.80
48	8.00	8.50	9.30	9.30	10.70	12.30	0.30	0.50	0.80
49	8.30	8.70	9.60	9.60	11.10	12.70	0.30	0.50	0.80
50	8.50	9.00	9.90	10.00	11.40	13.10	0.30	0.60	0.90
51	8.80	9.30	10.20	10.40	11.80	13.50	0.30	0.70	1.00
52	9.10	9.60	10.60	10.70	12.20	13.90	0.30	0.70	1.10
53	9.40	9.90	10.90	11.00	12.50	14.30	0.40	0.70	1.20
54	9.60	10.30	11.30	11.50	12.80	14.80	0.50	0.70	1.30
55	9.90	10.60	11.70	11.90	13.30	15.10	0.50	0.70	1.40
56	10.40	11.10	12.30	12.10	13.50	15.40	0.50	0.80	1.40
57	10.90	11.60	12.90	12.40	13.80	15.80	0.50	0.90	1.50
58	11.40	12.20	13.50	12.70	14.00	16.10	0.50	0.90	1.60
59	11.90	12.80	14.30	13.10	14.30	16.30	0.70	1.00	1.70
60	12.40	13.40	14.90	13.50	14.50	16.70	0.80	1.10	1.80
61	13.10	14.10	15.70	13.70	14.80	17.10	0.80	1.30	2.00
62	13.80	14.90	16.70	14.10	15.00	17.20	0.90	1.30	2.00
63	14.60	15.70	17.60	14.30	15.20	17.50	0.90	1.50	2.20
64	15.40	16.60	18.60	14.70	15.40	17.80	1.00	1.50	2.30
65	16.20	17.50	19.70	14.90	15.60	18.00	1.10	1.60	2.40
66	17.40	18.90	21.40	15.70	16.40	18.90	1.20	1.80	2.70
67	18.70	20.50	23.30	16.50	17.00	19.70	1.30	2.00	3.00
68	20.00	22.30	25.40	17.00	18.90	21.80	1.50	2.20	3.30
69	21.40	24.10	27.60	17.50	19.40	22.40	1.70	2.50	3.70
70	22.90	26.10	30.00	18.00	20.00	23.10	1.80	2.80	4.10
71	24.30	27.60	31.70	18.60	20.60	23.80	2.00	3.00	4.40
72	25.90	29.10	33.50	19.10	21.30	24.50	2.00	3.20	4.70
73	27.40	30.50	35.20	19.70	21.90	25.30	2.20	3.50	5.10
74	29.10	32.00	37.10	20.30	22.50	26.00	2.20	3.80	5.40
75	30.80	33.60	38.70	20.90	23.20	26.80	2.30	4.00	5.90
76	32.30	34.50	39.40	21.50	23.90	27.60	2.50	4.10	6.00
77	33.90	35.30	39.90	22.20	24.60	28.40	2.60	4.30	6.00
78	35.60	38.30	42.90	22.80	25.40	29.30	2.80	4.60	7.50
79	37.30	40.10	44.90	23.50	26.10	30.20	3.10	4.90	8.00

80	39.00*	41.90*	47.00*			
81	41.10*	44.20*	49.50*	3.30*	5.30*	8.60*
82	43.40*	46.70*	52.30*	3.50*	5.70*	9.30*
83	45.90*	49.40*	55.30*	3.80*	6.10*	10.00*
84	48.30*	51.90*	58.20*	4.10*	6.60*	10.70*
				4.40*	7.10*	11.50*
85	51.10*	54.90*	61.60*			
86	55.70*	59.90*	67.10*	4.70*	7.60*	12.40*
87	60.80*	65.40*	73.30*	5.10*	8.20*	13.30*
88	66.10*	71.10*	79.60*	5.50*	8.80*	14.30*
89	72.00*	77.40*	86.70*	5.90*	9.50*	15.40*
				6.30*	10.20*	16.60*
90	78.20*	84.10*	94.20*			
91	79.80*	85.80*	96.10*	6.80*	10.90*	17.80*
92	81.40*	87.50*	98.10*	7.30*	11.70*	19.20*
93	83.10*	89.40*	100.10*	7.80*	12.60*	20.60*
94	84.90*	91.30*	102.30*	8.40*	13.60*	22.10*
				9.00*	14.60*	23.80*
95	86.50*	93.00*	104.20*			
96	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
97	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
98	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
99	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
				9.70*	15.70*	25.60*
100	86.50*	93.00*	104.20*			
101	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
102	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
103	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
104	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
				9.70*	15.70*	25.60*
105	86.50*	93.00*	104.20*			
106	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
107	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
108	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
109	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*
110	86.50*	93.00*	104.20*	9.70*	15.70*	25.60*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Non-forfeiture Benefit

### (Shortened Benefit Period Option)

#### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care

46 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	5.20	5.40	5.60	4.90	5.40	6.20	0.10	0.20	0.50
41	5.40	5.50	5.80	5.10	5.70	6.50	0.10	0.20	0.50
42	5.50	5.60	6.00	5.40	5.90	6.70	0.10	0.30	0.50
43	5.70	5.80	6.20	5.60	6.20	7.00	0.10	0.30	0.50
44	5.80	5.90	6.40	5.80	6.60	7.30	0.20	0.30	0.50
45	6.00	6.10	6.60	6.00	6.80	7.70	0.20	0.30	0.50
46	6.10	6.40	6.80	6.30	6.90	8.00	0.20	0.30	0.60
47	6.30	6.50	6.90	6.60	7.30	8.40	0.20	0.30	0.70
48	6.50	6.70	7.20	6.80	7.60	8.70	0.20	0.30	0.70
49	6.70	6.90	7.30	7.00	7.80	9.10	0.20	0.30	0.70
50	6.80	7.10	7.60	7.30	8.10	9.40	0.30	0.40	0.70
51	7.00	7.20	7.80	7.60	8.50	9.80	0.30	0.40	0.70
52	7.20	7.50	8.00	7.80	8.80	10.20	0.30	0.40	0.80
53	7.40	7.70	8.30	8.10	9.00	10.50	0.30	0.50	0.80
54	7.60	7.90	8.50	8.30	9.40	11.00	0.30	0.50	0.90
55	7.70	8.10	8.70	8.80	9.80	11.40	0.50	0.50	1.00
56	8.00	8.50	9.20	9.10	10.00	11.60	0.50	0.50	1.00
57	8.50	8.80	9.60	9.20	10.30	11.70	0.50	0.60	1.00
58	8.80	9.20	10.00	9.60	10.70	12.10	0.50	0.70	1.10
59	9.20	9.60	10.60	9.90	10.90	12.20	0.50	0.80	1.10
60	9.60	10.00	11.00	10.20	11.20	12.50	0.50	0.90	1.20
61	10.00	10.50	11.60	10.60	11.50	12.80	0.70	0.90	1.30
62	10.60	11.00	12.20	10.80	11.80	13.00	0.70	1.10	1.40
63	11.10	11.70	12.90	11.30	11.90	13.30	0.80	1.10	1.40
64	11.60	12.30	13.60	11.70	12.10	13.60	0.80	1.20	1.60
65	12.20	13.00	14.30	12.00	12.30	13.90	0.90	1.20	1.60
66	13.20	14.00	15.60	12.60	13.00	14.50	0.90	1.40	1.80
67	14.10	15.30	16.90	13.40	13.50	15.40	1.10	1.40	2.00
68	15.20	16.50	18.30	13.80	15.00	17.30	1.10	1.70	2.30
69	16.40	18.00	19.90	14.20	15.50	17.80	1.20	1.70	2.50
70	17.50	19.40	21.70	14.60	15.90	18.30	1.40	2.10	2.70
71	18.60	20.50	22.80	15.10	16.40	18.90	1.50	2.10	3.00
72	19.80	21.60	23.90	15.50	16.90	19.40	1.50	2.20	3.30
73	20.90	22.70	25.10	16.00	17.40	20.00	1.70	2.20	3.50
74	22.10	23.70	26.10	16.50	17.90	20.60	1.80	2.40	3.80
75	23.30	24.90	27.20	17.00	18.50	21.20	1.80	2.40	4.00
76	24.40	25.50	27.70	17.50	19.00	21.90	1.90	2.50	4.20
77	25.40	26.10	28.10	18.00	19.60	22.50	2.20	2.70	4.30
78	26.60	28.00	30.60	18.50	20.20	23.20	2.40	3.40	5.50
79	27.60	29.10	31.70	19.10	20.80	23.90	2.50	3.60	5.90

80	28.70*	30.20*	33.00*			
81	30.40*	32.00*	34.90*	2.70*	3.90*	6.40*
82	32.40*	34.10*	37.20*	2.90*	4.20*	6.80*
83	34.40*	36.20*	39.50*	3.20*	4.50*	7.30*
84	36.40*	38.30*	41.80*	3.40*	4.90*	7.90*
				3.60*	5.20*	8.50*
85	38.70*	40.70*	44.50*			
86	42.60*	44.80*	49.00*	3.90*	5.60*	9.10*
87	46.80*	49.30*	53.80*	4.20*	6.00*	9.80*
88	51.30*	54.00*	59.00*	4.50*	6.50*	10.50*
89	56.10*	59.10*	64.50*	4.90*	7.00*	11.30*
				5.20*	7.50*	12.20*
90	61.30*	64.50*	70.50*			
91	62.50*	65.80*	71.80*	5.60*	8.00*	13.10*
92	63.70*	67.10*	73.20*	6.10*	8.70*	14.10*
93	64.90*	68.30*	74.60*	6.50*	9.30*	15.10*
94	66.10*	69.60*	76.00*	7.00*	10.00*	16.30*
				7.50*	10.70*	17.50*
95	67.30*	70.80*	77.40*			
96	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
97	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
98	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
99	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
				8.10*	11.60*	18.80*
100	67.30*	70.80*	77.40*			
101	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
102	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
103	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
104	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
				8.10*	11.60*	18.80*
105	67.30*	70.80*	77.40*			
106	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
107	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
108	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
109	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*
110	67.30*	70.80*	77.40*	8.10*	11.60*	18.80*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit  
(Shortened Benefit Period Option)  
Annual Premium per \$10 of Long-Term Care Daily Benefit  
\$10/day for Nursing Home, \$10/day for Home Care & Adult Day Care  
91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	5.40	5.70	6.10	6.00	7.00	8.20	0.10	0.20	0.40
41	5.60	5.90	6.30	6.20	7.30	8.50	0.10	0.20	0.50
42	5.80	6.10	6.50	6.50	7.50	8.90	0.10	0.20	0.50
43	5.90	6.30	6.80	6.80	7.80	9.10	0.20	0.30	0.50
44	6.10	6.50	7.00	7.10	8.10	9.50	0.20	0.30	0.50
45	6.30	6.70	7.30	7.30	8.40	9.70	0.20	0.30	0.50
46	6.50	6.90	7.50	7.60	8.70	10.10	0.20	0.40	0.60
47	6.70	7.10	7.80	7.90	9.00	10.40	0.20	0.40	0.60
48	7.00	7.40	8.00	8.10	9.30	10.80	0.20	0.40	0.80
49	7.20	7.60	8.30	8.40	9.60	11.10	0.20	0.40	0.80
50	7.40	7.90	8.60	8.70	9.90	11.40	0.30	0.40	0.80
51	7.60	8.10	8.90	9.10	10.20	11.80	0.30	0.50	0.90
52	7.90	8.40	9.20	9.30	10.50	12.10	0.30	0.50	1.00
53	8.10	8.60	9.50	9.70	10.90	12.50	0.40	0.60	1.00
54	8.40	8.90	9.80	9.90	11.20	12.90	0.40	0.60	1.10
55	8.60	9.20	10.20	10.30	11.60	13.20	0.40	0.70	1.10
56	9.00	9.70	10.70	10.60	11.70	13.40	0.40	0.70	1.20
57	9.50	10.10	11.20	10.80	12.00	13.70	0.40	0.80	1.30
58	9.90	10.60	11.80	11.10	12.20	13.90	0.50	0.80	1.40
59	10.40	11.10	12.40	11.40	12.40	14.20	0.50	0.90	1.50
60	10.80	11.70	13.00	11.70	12.60	14.50	0.60	0.90	1.60
61	11.40	12.30	13.70	12.00	12.80	14.80	0.70	1.00	1.70
62	12.10	13.00	14.50	12.10	13.00	15.00	0.70	1.10	1.80
63	12.70	13.70	15.30	12.50	13.20	15.30	0.80	1.20	1.90
64	13.40	14.40	16.20	12.70	13.40	15.50	0.80	1.30	2.00
65	14.10	15.20	17.10	13.00	13.60	15.70	0.90	1.40	2.20
66	15.10	16.50	18.60	13.70	14.20	16.40	1.10	1.50	2.40
67	16.20	17.90	20.30	14.40	14.80	17.10	1.20	1.70	2.60
68	17.40	19.40	22.10	14.80	16.50	19.00	1.30	1.90	2.90
69	18.60	21.00	24.00	15.30	17.00	19.60	1.50	2.10	3.20
70	19.90	22.70	26.10	15.70	17.50	20.20	1.60	2.40	3.60
71	21.20	24.00	27.60	16.20	18.00	20.80	1.70	2.60	3.80
72	22.50	25.30	29.10	16.70	18.50	21.40	1.80	2.80	4.10
73	23.90	26.60	30.70	17.20	19.10	22.00	1.90	3.00	4.40
74	25.30	27.90	32.20	17.70	19.70	22.70	2.00	3.20	4.70
75	26.80	29.20	33.70	18.20	20.30	23.40	2.00	3.40	5.10
76	28.10	30.00	34.30	18.80	20.90	24.10	2.20	3.60	5.10
77	29.50	30.80	34.70	19.40	21.50	24.80	2.30	3.70	5.20
78	30.90	33.20	37.20	19.90	22.10	25.60	2.50	4.00	6.50
79	32.40	34.80	39.00	20.50	22.80	26.30	2.70	4.30	7.00

# Northwestern Long Term Care Insurance Company

## Non-forfeiture Benefit

### (Shortened Benefit Period Option)

#### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home, \$10/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	33.90*	36.50*	40.80*				2.90*	4.60*	7.50*
81	35.80*	38.50*	43.10*				3.10*	5.00*	8.10*
82	37.80*	40.60*	45.50*				3.30*	5.30*	8.70*
83	39.90*	42.90*	48.10*				3.50*	5.70*	9.30*
84	42.10*	45.30*	50.70*				3.80*	6.20*	10.00*
85	44.40*	47.70*	53.50*				4.10*	6.60*	10.80*
86	48.50*	52.20*	58.40*				4.40*	7.10*	11.60*
87	52.90*	56.90*	63.70*				4.70*	7.60*	12.50*
88	57.50*	61.80*	69.30*				5.10*	8.20*	13.40*
89	62.60*	67.30*	75.40*				5.50*	8.80*	14.40*
90	68.00*	73.10*	81.90*				5.90*	9.50*	15.50*
91	69.40*	74.60*	83.60*				6.30*	10.20*	16.70*
92	70.80*	76.10*	85.30*				6.80*	11.00*	17.90*
93	72.30*	77.70*	87.10*				7.30*	11.80*	19.30*
94	73.80*	79.40*	88.90*				7.90*	12.70*	20.70*
95	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
96	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
97	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
98	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
99	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
100	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
101	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
102	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
103	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
104	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
105	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
106	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
107	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
108	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
109	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*
110	75.30*	81.00*	90.70*				8.50*	13.60*	22.20*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Non-forfeiture Benefit

### (Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home, \$5/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	4.50	4.60	4.90	4.30	4.80	5.40	0.10	0.20	0.40
41	4.70	4.80	5.10	4.40	4.90	5.60	0.10	0.20	0.40
42	4.80	4.90	5.20	4.60	5.20	5.90	0.10	0.20	0.40
43	4.90	5.10	5.40	4.90	5.30	6.10	0.10	0.20	0.40
44	5.10	5.20	5.50	5.00	5.60	6.50	0.10	0.20	0.50
45	5.20	5.40	5.70	5.30	5.80	6.70	0.10	0.20	0.50
46	5.30	5.50	5.90	5.50	6.10	7.00	0.20	0.30	0.50
47	5.50	5.70	6.10	5.70	6.30	7.20	0.20	0.30	0.50
48	5.60	5.80	6.20	5.90	6.60	7.60	0.20	0.30	0.60
49	5.80	6.00	6.40	6.10	6.80	7.90	0.20	0.30	0.60
50	5.90	6.20	6.60	6.40	7.00	8.20	0.20	0.30	0.60
51	6.10	6.30	6.80	6.60	7.40	8.50	0.20	0.40	0.70
52	6.30	6.50	7.00	6.80	7.60	8.80	0.20	0.40	0.70
53	6.40	6.70	7.20	7.10	7.90	9.20	0.30	0.40	0.70
54	6.60	6.90	7.40	7.30	8.20	9.50	0.30	0.40	0.80
55	6.70	7.10	7.60	7.60	8.40	9.80	0.40	0.40	0.80
56	7.00	7.40	8.00	7.90	8.70	10.00	0.40	0.40	0.80
57	7.30	7.70	8.40	8.10	9.00	10.20	0.40	0.50	0.80
58	7.70	8.00	8.80	8.30	9.20	10.40	0.40	0.60	0.90
59	8.00	8.30	9.20	8.60	9.60	10.60	0.40	0.70	0.90
60	8.30	8.70	9.60	8.90	9.80	10.80	0.50	0.70	1.00
61	8.70	9.20	10.10	9.20	9.90	11.10	0.60	0.80	1.10
62	9.20	9.70	10.60	9.50	10.10	11.40	0.60	0.80	1.20
63	9.70	10.20	11.20	9.70	10.30	11.60	0.60	0.90	1.30
64	10.10	10.70	11.80	10.10	10.60	11.80	0.70	1.00	1.40
65	10.60	11.30	12.50	10.50	10.70	12.00	0.80	1.00	1.40
66	11.50	12.20	13.50	10.90	11.30	12.70	0.80	1.20	1.60
67	12.30	13.30	14.70	11.60	11.80	13.40	0.90	1.30	1.80
68	13.20	14.40	16.00	11.90	13.00	14.90	1.00	1.40	1.90
69	14.20	15.60	17.40	12.30	13.40	15.40	1.10	1.60	2.10
70	15.20	16.90	18.80	12.70	13.80	15.80	1.20	1.70	2.40
71	16.20	17.80	19.80	13.10	14.20	16.30	1.30	1.90	2.60
72	17.20	18.80	20.80	13.40	14.60	16.80	1.30	1.90	2.80
73	18.20	19.70	21.80	13.90	15.10	17.30	1.40	2.00	3.00
74	19.20	20.70	22.70	14.30	15.50	17.80	1.50	2.00	3.30
75	20.30	21.60	23.60	14.70	16.00	18.40	1.60	2.10	3.60
76	21.20	22.20	24.10	15.10	16.50	18.90	1.70	2.20	3.60
77	22.10	22.70	24.40	15.60	16.90	19.50	1.90	2.30	3.80
78	23.10	24.30	26.60	16.10	17.50	20.10	2.00	2.90	4.80
79	24.00	25.30	27.60	16.50	18.00	20.70	2.20	3.10	5.10

# Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit

(Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home, \$5/day for Home Care & Adult Day Care

91 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	25.00*	26.30*	28.70*				2.40*	3.40*	5.50*
81	26.50*	27.90*	30.50*				2.50*	3.60*	5.90*
82	28.10*	29.60*	32.30*				2.70*	3.90*	6.30*
83	29.90*	31.50*	34.40*				2.90*	4.20*	6.80*
84	31.70*	33.40*	36.40*				3.20*	4.50*	7.30*
85	33.70*	35.50*	38.70*				3.40*	4.80*	7.90*
86	37.00*	38.90*	42.50*				3.60*	5.20*	8.50*
87	40.60*	42.70*	46.70*				3.90*	5.60*	9.10*
88	44.60*	46.90*	51.30*				4.20*	6.00*	9.80*
89	48.80*	51.40*	56.10*				4.50*	6.50*	10.50*
90	53.30*	56.10*	61.30*				4.90*	6.90*	11.30*
91	54.30*	57.20*	62.40*				5.20*	7.50*	12.20*
92	55.40*	58.30*	63.70*				5.60*	8.00*	13.10*
93	56.40*	59.40*	64.80*				6.00*	8.60*	14.10*
94	57.50*	60.50*	66.10*				6.50*	9.30*	15.10*
95	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
96	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
97	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
98	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
99	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
100	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
101	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
102	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
103	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
104	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
105	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
106	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
107	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
108	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
109	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*
110	58.50*	61.60*	67.20*				7.00*	10.00*	16.20*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

**Non-Forfeiture Benefit**  
**(Shortened Benefit Period Option)**  
**Annual Premium per \$10 of Long-Term Care Daily Benefit**  
 \$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care  
 181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	4.90	5.20	5.60	5.50	6.40	7.50	0.10	0.20	0.40
41	5.10	5.40	5.70	5.60	6.60	7.70	0.10	0.20	0.50
42	5.30	5.60	5.90	5.90	6.80	8.10	0.10	0.20	0.50
43	5.40	5.70	6.20	6.20	7.10	8.30	0.20	0.30	0.50
44	5.60	5.90	6.40	6.50	7.40	8.60	0.20	0.30	0.50
45	5.70	6.10	6.60	6.60	7.60	8.80	0.20	0.30	0.50
46	5.90	6.30	6.80	6.90	7.90	9.20	0.20	0.40	0.50
47	6.10	6.50	7.10	7.20	8.20	9.50	0.20	0.40	0.50
48	6.40	6.70	7.30	7.40	8.50	9.80	0.20	0.40	0.70
49	6.60	6.90	7.60	7.60	8.70	10.10	0.20	0.40	0.70
50	6.70	7.20	7.80	7.90	9.00	10.40	0.30	0.40	0.70
51	6.90	7.40	8.10	8.30	9.30	10.70	0.30	0.50	0.80
52	7.20	7.60	8.40	8.50	9.60	11.00	0.30	0.50	0.90
53	7.40	7.80	8.60	8.80	9.90	11.40	0.40	0.50	0.90
54	7.60	8.10	8.90	9.00	10.20	11.70	0.40	0.50	1.00
55	7.80	8.40	9.30	9.40	10.60	12.00	0.40	0.60	1.00
56	8.20	8.80	9.70	9.60	10.60	12.20	0.40	0.60	1.10
57	8.60	9.20	10.20	9.80	10.90	12.50	0.40	0.70	1.20
58	9.00	9.60	10.70	10.10	11.10	12.60	0.50	0.70	1.30
59	9.50	10.10	11.30	10.40	11.30	12.90	0.50	0.80	1.40
60	9.80	10.60	11.80	10.60	11.50	13.20	0.50	0.80	1.50
61	10.40	11.20	12.50	10.90	11.60	13.50	0.60	0.90	1.50
62	11.00	11.80	13.20	11.00	11.80	13.70	0.60	1.00	1.60
63	11.60	12.50	13.90	11.40	12.00	13.90	0.70	1.10	1.70
64	12.20	13.10	14.70	11.60	12.20	14.10	0.70	1.20	1.80
65	12.80	13.80	15.60	11.80	12.40	14.30	0.80	1.30	2.00
66	13.70	15.00	16.90	12.50	12.90	14.90	1.00	1.40	2.20
67	14.70	16.30	18.50	13.10	13.50	15.60	1.10	1.50	2.40
68	15.80	17.70	20.10	13.50	15.00	17.30	1.20	1.70	2.60
69	16.90	19.10	21.80	13.90	15.40	17.80	1.40	1.90	2.90
70	18.10	20.70	23.80	14.30	15.90	18.40	1.50	2.20	3.30
71	19.30	21.80	25.10	14.70	16.40	18.90	1.50	2.40	3.50
72	20.50	23.00	26.50	15.20	16.90	19.50	1.60	2.50	3.70
73	21.70	24.20	27.90	15.60	17.40	20.10	1.70	2.70	4.00
74	23.00	25.40	29.30	16.10	17.90	20.70	1.80	2.90	4.30
75	24.40	26.60	30.70	16.60	18.40	21.30	1.80	3.10	4.60
76	25.60	27.30	31.20	17.10	19.00	21.90	2.00	3.30	4.60
77	26.80	28.00	31.60	17.60	19.60	22.60	2.10	3.40	4.70
78	28.10	30.20	33.90	18.10	20.20	23.30	2.20	3.60	5.90
79	29.50	31.70	35.50	18.70	20.80	24.00	2.40	3.90	6.40

# Northwestern Long Term Care Insurance Company

## Non-forfeiture Benefit

### (Shortened Benefit Period Option)

#### Annual Premium per \$10 of Long-Term Care Daily Benefit

\$10/day for Nursing Home; \$10/day for Home Care & Adult Day Care

181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	30.80*	33.20*	37.20*				2.60*	4.20*	6.80*
81	32.60*	35.00*	39.30*				2.80*	4.50*	7.40*
82	34.40*	37.00*	41.40*				3.00*	4.80*	7.90*
83	36.30*	39.00*	43.70*				3.20*	5.20*	8.50*
84	38.30*	41.20*	46.20*				3.50*	5.60*	9.10*
85	40.40*	43.40*	48.70*				3.70*	6.00*	9.80*
86	44.10*	47.50*	53.20*				4.00*	6.50*	10.60*
87	48.10*	51.80*	58.00*				4.30*	7.00*	11.40*
88	52.30*	56.30*	63.00*				4.60*	7.50*	12.20*
89	57.00*	61.30*	68.60*				5.00*	8.00*	13.10*
90	61.90*	66.50*	74.60*				5.40*	8.60*	14.10*
91	63.20*	67.90*	76.10*				5.80*	9.30*	15.20*
92	64.40*	69.30*	77.60*				6.20*	10.00*	16.30*
93	65.80*	70.70*	79.30*				6.70*	10.70*	17.50*
94	67.20*	72.20*	80.90*				7.20*	11.50*	18.80*
95	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
96	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
97	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
98	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
99	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
100	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
101	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
102	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
103	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
104	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
105	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
106	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
107	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
108	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
109	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*
110	68.50*	73.70*	82.60*				7.70*	12.40*	20.20*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Non-forfeiture Benefit (Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit  
\$10/day for Nursing Home, \$5/day for Home Care & Adult Day Care  
181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
18-40	4.10	4.20	4.50	3.90	4.40	4.90	0.10	0.20	0.40
41	4.30	4.40	4.60	4.00	4.50	5.10	0.10	0.20	0.40
42	4.40	4.50	4.70	4.20	4.70	5.40	0.10	0.20	0.40
43	4.50	4.60	4.90	4.50	4.80	5.60	0.10	0.20	0.40
44	4.60	4.70	5.00	4.60	5.10	5.90	0.10	0.20	0.50
45	4.70	4.90	5.20	4.80	5.30	6.10	0.10	0.20	0.50
46	4.80	5.00	5.40	5.00	5.60	6.40	0.20	0.30	0.50
47	5.00	5.20	5.60	5.20	5.70	6.60	0.20	0.30	0.50
48	5.10	5.30	5.60	5.40	6.00	6.90	0.20	0.30	0.50
49	5.30	5.50	5.80	5.60	6.20	7.20	0.20	0.30	0.50
50	5.40	5.60	6.00	5.80	6.40	7.50	0.20	0.30	0.50
51	5.60	5.70	6.20	6.00	6.70	7.70	0.20	0.40	0.60
52	5.70	5.90	6.40	6.20	6.90	8.00	0.20	0.40	0.60
53	5.80	6.10	6.60	6.50	7.20	8.40	0.30	0.40	0.60
54	6.00	6.30	6.70	6.60	7.50	8.60	0.30	0.40	0.70
55	6.10	6.50	6.90	6.90	7.60	8.90	0.40	0.40	0.70
56	6.40	6.70	7.30	7.20	7.90	9.10	0.40	0.40	0.70
57	6.60	7.00	7.60	7.40	8.20	9.30	0.40	0.50	0.70
58	7.00	7.30	8.00	7.60	8.40	9.50	0.40	0.50	0.80
59	7.30	7.60	8.40	7.80	8.70	9.60	0.40	0.60	0.80
60	7.60	7.90	8.70	8.10	8.90	9.80	0.50	0.60	0.90
61	7.90	8.40	9.20	8.40	9.00	10.10	0.50	0.70	1.00
62	8.40	8.80	9.60	8.60	9.20	10.40	0.50	0.70	1.10
63	8.80	9.30	10.20	8.80	9.40	10.60	0.50	0.80	1.20
64	9.20	9.70	10.70	9.20	9.60	10.70	0.60	0.90	1.30
65	9.60	10.30	11.40	9.60	9.70	10.90	0.70	0.90	1.30
66	10.50	11.10	12.30	9.90	10.30	11.60	0.70	1.10	1.50
67	11.20	12.10	13.40	10.60	10.70	12.20	0.80	1.20	1.60
68	12.00	13.10	14.60	10.90	11.80	13.60	0.90	1.30	1.70
69	12.90	14.20	15.80	11.20	12.20	14.00	1.00	1.50	1.90
70	13.80	15.40	17.10	11.50	12.50	14.40	1.10	1.50	2.20
71	14.70	16.20	18.00	11.90	12.90	14.90	1.20	1.70	2.40
72	15.70	17.10	18.90	12.20	13.30	15.30	1.20	1.70	2.50
73	16.60	17.90	19.80	12.60	13.70	15.80	1.30	1.80	2.70
74	17.50	18.80	20.70	13.00	14.10	16.20	1.40	1.80	3.00
75	18.50	19.70	21.50	13.40	14.50	16.70	1.50	1.90	3.30
76	19.30	20.20	21.90	13.80	15.00	17.20	1.50	2.00	3.30
77	20.10	20.70	22.20	14.20	15.40	17.70	1.70	2.10	3.50
78	21.00	22.10	24.20	14.60	15.90	18.30	1.90	2.70	4.30
79	21.80	23.00	25.10	15.10	16.40	18.80	2.00	2.90	4.60

# Northwestern Long Term Care Insurance Company

Non-forfeiture Benefit  
(Shortened Benefit Period Option)

Annual Premium per \$10 of Long-Term Care Daily Benefit  
\$10/day for Nursing Home; \$5/day for Home Care & Adult Day Care  
181 Day Beginning Date

Issue Age	Base			Automatic Benefit Increase Option With Increases at 5%			Automatic Additional Purchase Benefit		
	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited	3 Yr	6 Yr	Unlimited
80	22.80*	23.90*	26.10*				2.10*	3.10*	5.00*
81	24.10*	25.40*	27.70*				2.30*	3.30*	5.40*
82	25.60*	26.90*	29.40*				2.50*	3.50*	5.80*
83	27.20*	28.60*	31.30*				2.70*	3.80*	6.20*
84	28.80*	30.40*	33.20*				2.90*	4.10*	6.70*
85	30.70*	32.30*	35.20*				3.10*	4.40*	7.20*
86	33.70*	35.40*	38.70*				3.30*	4.70*	7.70*
87	36.90*	38.90*	42.50*				3.60*	5.10*	8.30*
88	40.60*	42.70*	46.70*				3.80*	5.50*	8.90*
89	44.40*	46.70*	51.00*				4.10*	5.90*	9.60*
90	48.50*	51.10*	55.80*				4.40*	6.30*	10.30*
91	49.40*	52.00*	56.80*				4.80*	6.80*	11.10*
92	50.40*	53.10*	57.90*				5.10*	7.30*	11.90*
93	51.30*	54.00*	59.00*				5.50*	7.90*	12.80*
94	52.30*	55.10*	60.10*				5.90*	8.40*	13.70*
95	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
96	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
97	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
98	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
99	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
100	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
101	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
102	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
103	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
104	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
105	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
106	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
107	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
108	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
109	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*
110	53.20*	56.00*	61.20*				6.40*	9.10*	14.80*

\* Rates applicable only for increases after issue.



# Northwestern Long Term Care Insurance Company

## Survivorship Benefit Premium Percentage

Issue Age	Base	Base Policy Plus Automatic Benefit Increase Option	Base Policy Plus Automatic Additional Purchase Benefit
18-40	12.00%	21.00%	17.00%
41	12.00%	22.00%	17.00%
42	12.00%	22.00%	18.00%
43	13.00%	22.00%	18.00%
44	13.00%	22.00%	19.00%
45	14.00%	23.00%	19.00%
46	14.00%	23.00%	20.00%
47	15.00%	23.00%	20.00%
48	15.00%	24.00%	21.00%
49	15.00%	24.00%	22.00%
50	16.00%	24.00%	22.00%
51	16.00%	24.00%	23.00%
52	17.00%	25.00%	23.00%
53	17.00%	25.00%	24.00%
54	17.00%	25.00%	24.00%
55	18.00%	25.00%	24.00%
56	18.00%	25.00%	25.00%
57	19.00%	26.00%	25.00%
58	19.00%	26.00%	25.00%
59	19.00%	26.00%	26.00%
60	20.00%	26.00%	26.00%
61	20.00%	26.00%	26.00%
62	20.00%	27.00%	27.00%
63	20.00%	27.00%	27.00%
64	21.00%	27.00%	27.00%
65	21.00%	27.00%	27.00%
66	21.00%	27.00%	27.00%
67	22.00%	27.00%	27.00%
68	22.00%	27.00%	27.00%
69	22.00%	26.00%	26.00%
70	22.00%	26.00%	26.00%
71	22.00%	26.00%	26.00%
72	22.00%	26.00%	25.00%
73	21.00%	25.00%	24.00%
74	21.00%	25.00%	23.00%
75	21.00%	24.00%	23.00%
76	20.00%	24.00%	22.00%
77	20.00%	23.00%	21.00%
78	20.00%	23.00%	21.00%
79	20.00%	23.00%	21.00%

80	21.00%*
81	21.00%*
82	21.00%*
83	21.00%*
84	21.00%*
85	21.00%*
86	21.00%*
87	21.00%*
88	21.00%*
89	21.00%*
90	21.00%*
91	21.00%*
92	21.00%*
93	21.00%*
94	21.00%*
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97	21.00%*
98	21.00%*
99	21.00%*
100	21.00%*
101	21.00%*
102	21.00%*
103	21.00%*
104	21.00%*
105	21.00%*
106	21.00%*
107	21.00%*
108	21.00%*
109	21.00%*
110	21.00%*

\* Percentages applicable only for increases after issue.



Policy Year (t)	Selection Factors for Underwriting by Issue Age		
	52	62	72
1	0.20	0.20	0.36
2	0.31	0.34	0.54
3	0.45	0.50	0.72
4	0.58	0.64	0.86
5	0.70	0.75	0.91
6	0.79	0.84	0.94
7	0.86	0.89	0.95
8	0.92	0.94	0.97
9	0.94	0.96	0.99
10	0.96	0.97	1.00
11	0.97	0.98	1.00
12	0.98	0.99	1.00
13	0.99	1.00	1.00
14	1.00	1.00	1.00
15+	1.00	1.00	1.00

# Lifetime Loss Ratio Demonstration - Base Policy

i = 4.5%

Year	Premiums Earned	Claims Incurred	Annual Loss Ratio	ccumulat Loss Ratio	umulative Loss Ratio
1	1490.15	98.95	7%	6%	68%
2	1409.86	162.77	12%	9%	
3	1337.62	241.95	18%	11%	
4	1271.10	319.06	25%	14%	
5	1208.99	384.12	32%	17%	
6	1149.56	443.79	39%	20%	
7	1091.96	497.92	46%	22%	
8	1036.01	554.92	54%	25%	
9	981.58	602.77	61%	28%	
10	928.06	641.96	69%	30%	
11	875.44	679.61	78%	32%	
12	823.29	709.84	86%	35%	
13	771.72	738.50	96%	37%	
14	720.88	765.16	106%	39%	
15	670.90	790.08	118%	42%	
16	621.95	813.74	131%	44%	
17	574.20	819.28	143%	46%	
18	527.82	823.92	156%	48%	
19	482.96	827.55	171%	50%	
20	439.79	829.02	189%	52%	
21	398.45	828.56	208%	54%	
22	359.09	799.83	223%	55%	
23	321.79	771.14	240%	57%	
24	286.66	741.86	259%	58%	
25	253.77	711.10	280%	60%	
26	223.18	680.13	305%	61%	
27	194.92	622.73	319%	62%	
28	169.02	568.40	336%	63%	
29	145.44	516.74	355%	64%	
30	124.16	467.39	376%	65%	
31	105.13	421.84	401%	65%	
32	88.25	365.51	414%	66%	
33	73.42	314.71	429%	66%	
34	60.52	268.99	444%	66%	
35	49.38	228.05	462%	67%	
36	39.91	192.74	483%	67%	
37	31.92	157.88	495%	67%	
38	25.25	128.03	507%	67%	
39	19.74	102.62	520%	67%	
40	15.24	81.20	533%	68%	
41	11.63	63.83	549%	68%	
42	8.76	49.11	561%	68%	



43	6.51	37.29	573%	68%
44	4.77	27.88	584%	68%
45	3.42	20.43	597%	68%
46	2.43	14.86	612%	68%
47	1.70	10.58	622%	68%
48	1.17	7.40	632%	68%
49	0.78	5.07	650%	68%

# LONG-TERM CARE INSURANCE POTENTIAL RATE INCREASE DISCLOSURE FORM



**Northwestern Long Term Care  
Insurance Company**

A Northwestern Mutual Company

P.O. Box 5709

Hopkins, MN 55343-5709

800 890 6704

FILE FOR INFORMATION ONLY  
MAR 28 2002  
TEXAS DEPT. OF INSURANCE

1. This long-term care coverage is Guaranteed Renewable. This means that the rates for this coverage may be increased in the future. Your rates CANNOT be increased due to your increasing age or declining health, but your rates may go up based on the experience of all insureds with a policy similar to yours.
2. If you receive a premium rate schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:
  - (a) Pay the increased premium and continue your coverage in force as is.
  - (b) Reduce your coverage benefits to a level such that your premiums will not increase.
  - (c) Exercise your long-term care nonforfeiture option if purchased. This option is available for purchase for an additional premium.
  - (d) Exercise your contingent nonforfeiture rights — See No. 3. This option is available if you do not purchase a long-term care nonforfeiture option mentioned in (c) above.

### 3. Contingent Nonforfeiture Rights

If the premium rate for your policy goes up in the future and you do not buy a long-term care nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

- (a) You will keep some long-term care insurance coverage, if:
  - (1) Your premiums after the increase exceeds your original premium by the percentage shown, or more, in the table provided on the next page; and
  - (2) You do not pay your premium within 120 days of the increase causing your policy to lapse.
- (b) The amount of coverage, new lifetime maximum benefit amount, etc., you will keep will equal the total amount of premiums you have paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you have paid, the amount of coverage will be that remaining amount.
- (c) Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

Case 2:20-cv-01090-BHL Filed 09/21/20 Page 126 of 167 Document 19-4

**Example:**

90-2127 (1101)

TEXAS 90-2127-98



- You bought the policy at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and you decide to not pay any more premiums causing your policy to lapse.
- Your "paid-up" policy benefits are \$10,000, provided you have at least \$10,000 of benefits remaining under your policy.

<b>Contingent Nonforfeiture</b>				
<b>Cumulative Premium Increase over Initial Premium That Qualifies for Contingent Nonforfeiture</b>				
Percentage increase is cumulative from the date of original issue. It does NOT represent a one-time increase.				
<b>Issue Age</b>	<b>Percent Increase Over Initial Premium</b>		<b>Issue Age</b>	<b>Percent Increase Over Initial Premium</b>
29 and under	200%		72	36%
30-34	190%		73	34%
35-39	170%		74	32%
40-44	150%		75	30%
45-49	130%		76	28%
50-54	110%		77	26%
55-59	90%		78	24%
60	70%		79	22%
61	66%		80	20%
62	62%		81	19%
63	58%		82	18%
64	54%		83	17%
65	50%		84	16%
66	48%		85	15%
67	46%		86	14%
68	44%		87	13%
69	42%		88	12%
70	40%		89	11%
71	38%		90 and over	10%

- Premium rate that is applicable to you and that will be effective until a request is made and filed with the Texas Department of Insurance for an increase is in the Outline of Coverage. The premium rate for this coverage will be shown on the schedule page of your policy.
- If your rates are changed, the new rates will become effective no earlier than your next billing date. The new rates will remain in effect until another request is made and filed with the Texas Department of Insurance. You have the right to receive a revised premium rate schedule if the premium rate is changed.
- Rate Increase History

We have sold long-term care insurance since 1998 and have sold this policy Form No. RS.LTC.(1101) since 2002. We have never raised rates for any long-term care policy sold in this state or any other state.

Policy Year (t)	Selection Factors for Underwriting by Issue Age		
	52	62	72
1	0.20	0.20	0.36
2	0.31	0.34	0.54
3	0.45	0.50	0.72
4	0.58	0.64	0.86
5	0.70	0.75	0.91
6	0.79	0.84	0.94
7	0.86	0.89	0.95
8	0.92	0.94	0.97
9	0.94	0.96	0.99
10	0.96	0.97	1.00
11	0.97	0.98	1.00
12	0.98	0.99	1.00
13	0.99	1.00	1.00
14	1.00	1.00	1.00
15+	1.00	1.00	1.00



# **Lifetime Loss Ratio Demonstration - Base Policy**

**i = 4.5%**

<b>Year</b>	<b>Premiums Earned</b>	<b>Claims Incurred</b>	<b>Annual Loss Ratio</b>	<b>ccumulat Loss Ratio</b>	<b>umulative Loss Ratio</b>
1	1490.15	98.95	7%	6%	68%
2	1409.86	162.77	12%	9%	
3	1337.62	241.95	18%	11%	
4	1271.10	319.06	25%	14%	
5	1208.99	384.12	32%	17%	
6	1149.56	443.79	39%	20%	
7	1091.96	497.92	46%	22%	
8	1036.01	554.92	54%	25%	
9	981.58	602.77	61%	28%	
10	928.06	641.96	69%	30%	
11	875.44	679.61	78%	32%	
12	823.29	709.84	86%	35%	
13	771.72	738.50	96%	37%	
14	720.88	765.16	106%	39%	
15	670.90	790.08	118%	42%	
16	621.95	813.74	131%	44%	
17	574.20	819.28	143%	46%	
18	527.82	823.92	156%	48%	
19	482.96	827.55	171%	50%	
20	439.79	829.02	189%	52%	
21	398.45	828.56	208%	54%	
22	359.09	799.83	223%	55%	
23	321.79	771.14	240%	57%	
24	286.66	741.86	259%	58%	
25	253.77	711.10	280%	60%	
26	223.18	680.13	305%	61%	
27	194.92	622.73	319%	62%	
28	169.02	568.40	336%	63%	
29	145.44	516.74	355%	64%	
30	124.16	467.39	376%	65%	
31	105.13	421.84	401%	65%	
32	88.25	365.51	414%	66%	
33	73.42	314.71	429%	66%	
34	60.52	268.99	444%	66%	
35	49.38	228.05	462%	67%	
36	39.91	192.74	483%	67%	
37	31.92	157.88	495%	67%	
38	25.25	128.03	507%	67%	
39	19.74	102.62	520%	67%	
40	15.24	81.20	533%	68%	
41	11.63	63.83	549%	68%	
42	8.76	49.11	561%	68%	

43	6.51	37.29	573%	68%
44	4.77	27.88	584%	68%
45	3.42	20.43	597%	68%
46	2.43	14.86	612%	68%
47	1.70	10.58	622%	68%
48	1.17	7.40	632%	68%
49	0.78	5.07	650%	68%





# Northwestern Long Term Care Insurance Company™

A Northwestern Mutual Company

## Certification

Section 7702B(c)(2) states that an individual will be considered chronically ill if he or she is certified by a licensed health care practitioner as having a level of disability similar (as determined under regulations prescribed by the Secretary of the Treasury in consultation with the Secretary of Health and Human Services) to the level of disability described in section 7702B(c)(2)(A)(i). At present, the Secretary of the Treasury has prescribed no such standard.

I certify that it is my legal opinion that federal tax law does not require a long-term care insurance contract to include this benefit trigger in the contract in order to be a qualified long-term care insurance contract under section 7702B of the Internal Revenue Code.



Larry S. Mehsner, Assistant Secretary

12/17/01

Date



Northwestern Mutual™

**Larry S. Mehsner**  
Assistant General Counsel

720 East Wisconsin Avenue  
Milwaukee, Wisconsin 53202-4797  
414 665 2504  
414 665 7016 fax  
larrymehsner@northwesternmutual.com



**Northwestern Mutual™**

January 25, 2002

Northwestern Long Term Care Insurance Company  
NAIC No. 860-69000  
FEIN No. 36-2258318

**CORRECTIONS**

**Texas Filing IDS: 2506731 & 2506727**

Mr. Russell Spier  
Insurance Specialist  
Life/Health Division - MC 106-1D  
Texas Department of Insurance  
P.O. Box 149104  
333 Guadalupe St.  
Austin, TX 78714-9104

Re: RS.LTC.(1101)	Long-Term Care Insurance Policy
RS.LTC.SB.(1101)	Survivorship Benefit
RS.LTC.APB.(1101)	Automatic Additional Purchase Benefit
90-1970 (1101)	Outline of Coverage
90-1230 LTC (1101)	Request to Reinstate
90-0600 LTC (1101)	Personal Health and Status Declaration
90-1279 LTC (1101)	Application for Policy Change
90-1968 LTC (1101)	Application for Long-Term Care
90-1973 LTC (1101)	Long-Term Care Medical Questionnaire

Dear Mr. Spier:

This letter is in response to your e-mail dated January 9, 2002, regarding the above-referenced forms.

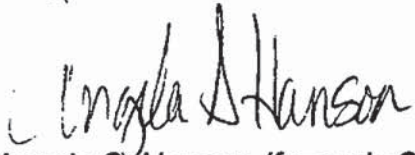
1. Per your request, please find enclosed with this letter, forms 90-0600 LTC (1101), 90-1279 LTC (1101), and 90-1968 LTC (1101).
2. Per your request, we have changed "refund" to "return" on page 14 of the policy.
3. Per our telephone conversation, we also added the following language as number 4 on the last page of form 90-1968 LTC (1101):  
  
4. Receipt of Long-Term Care Insurance Potential Rate Increase Disclosure Form.
4. Please find enclosed with this letter a revised Outline of Coverage, form 90-1970 LTC (1101). The only change made to this form was removing RS.LTC.IP.(1101).

I have enclosed replacement forms for the changes noted above. I have also enclosed copies of the replacement forms, underlining the indicated changes. The only changes in this resubmission are those noted above.



If you should have any questions regarding the enclosed forms, you may call me at (414) 665-7233 or you can e-mail me at [angelashanson@northwesternmutual.com](mailto:angelashanson@northwesternmutual.com).

Sincerely,

A handwritten signature in black ink that reads "Angela S. Hanson". The signature is written in a cursive, flowing style.

Angela S. Hanson (formerly Schaaf)  
Insurance Regulatory Specialist

Enclosures



NOT ACCEPTED  
FOR REVIEW

JAN 23, 2002

# **Texas Department of Insurance**

**Life, Health & Licensing Program – Life, Health & HMO Intake Unit**, Mail Code 106-1E  
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

Date: January 22, 2002

Contact Person's Name: Angela S. Hanson

Company's Name: Northwestern Long Term Care Insurance Company

Company's Address: 720 East Wisconsin Avenue, Milwaukee, WI 53202

Referenced Form(s): RS-LTC (1101), et al **Corrections**

Dear Mr. (Ms.) Hanson:

We are unable to accept this filing due to the failure to meet the following requirement/s:

- ☐ Failure to provide duplicates of submission. [TAC §3.3(c)]
- ☒ Failure to provide Multi-Use Certification. [TAC §3.5-3.10]
- ☒ The Multi-Use Certification was not initialed in the appropriate place(s). [TAC §3.5- 3.10] (Exempt, File & Use, **Corrections**, Resubmission, Exact Copies, Substitution, et al.)
- ☐ The total required filing fee of \$\_\_\_\_\_ was not included with this submission. We received your check in the amount of \$\_\_\_\_\_; therefore, an additional \$\_\_\_\_\_ is due. [TAC §3.3(h) and TAC §7.1301(c), subchapter M]
- ☐ The required filing fee of \$50.00 was not included with this Resubmission. [TAC §3.3(h)(2) and TAC §7.1301(c), subchapter M]
- ☐ Forms and corrections must be submitted on paper measuring 8 ½ inches by 11 inches. [TAC §3.3(f)]
- ☐ Please note that this form is not exempt from review; we received your check in the amount of \$50.00; an additional \$50.00 is due. [TAC §3.3(h)(1)]
- ☒ Failure to provide a completed copy of the Expedited Review transmittal checklist. [TAC §3.3(k)]
- ☐ Failure to provide a completed copy of the General Review transmittal checklist. [TAC §3.3(k)]

The referenced submission is returned to you so that it may be corrected and properly refiled with the requested items. Be aware that the forms are only being returned for the basic filing requirements and have not yet been technically reviewed. If you have any questions, please feel free to call me at 512/305-7596.

Sincerely,

Nathan J. Robertson, Jr.  
Insurance Specialist  
Filings Intake Division  
Life/Health Group MC 106-1E







**Northwestern Mutual™**

January 17, 2002

Northwestern Long Term Care Insurance Company  
NAIC No. 860-69000  
FEIN No. 36-2258318

**CORRECTIONS**

**Texas Filing IDS: 2506731 & 2506727**

Mr. Russell Spier  
Insurance Specialist  
Life/Health Division - MC 106-1D  
Texas Department of Insurance  
P.O. Box 149104  
333 Guadalupe St.  
Austin, TX 78714-9104

Re:	RS.LTC.(1101)	Long-Term Care Insurance Policy
	RS.LTC.SB.(1101)	Survivorship Benefit
	RS.LTC.APB.(1101)	Automatic Additional Purchase Benefit
	90-1970 (1101)	Outline of Coverage
	90-1230 LTC (1101)	Request to Reinstate
	90-0600 LTC (1101)	Personal Health and Status Declaration
	90-1279 LTC (1101)	Application for Policy Change
	90-1968 LTC (1101)	Application for Long-Term Care
	90-1973 LTC (1101)	Long-Term Care Medical Questionnaire

Dear Mr. Speir:

This letter is in response to your e-mail dated January 9, 2002, regarding the above-referenced forms.

1. Per your request, please find enclosed with this letter, forms 90-0600 LTC (1101), 90-1279 LTC (1101), and 90-1968 LTC (1101).
2. Per your request, we have changed "refund" to "return" on page 14 of the policy.
3. Per our telephone conversation, we also added the following language as number 4 on the last page of form 90-1968 LTC (1101):
4. Receipt of Long-Term Care Insurance Potential Rate Increase Disclosure Form.

I have enclosed replacement forms for the changes noted above. I have also enclosed copies of the replacement forms, underlining the indicated changes. The only changes in this resubmission are those noted above.

If you should have any questions regarding the enclosed forms, you may call me at (414) 665-7233 or you can e-mail me at [angelashanson@northwesternmutual.com](mailto:angelashanson@northwesternmutual.com).

Sincerely,

A handwritten signature in black ink that reads "Angela S. Hanson". The signature is written in a cursive, flowing style.

Angela S. Hanson (formerly Schaaf)  
Insurance Regulatory Specialist

Enclosures

December 18, 2001

Northwestern Long Term Care Insurance Company  
NAIC No. 860-69000  
FEIN No. 36-2258318

*Corrections*

**Texas Filing IDS: 2506731 & 2506727**

Mr. Russell Spier  
Insurance Specialist  
Life/Health Division - MC 106-1D  
Texas Department of Insurance  
P.O. Box 149104  
333 Guadalupe St.  
Austin, TX 78714-9104

Re: RS.LTC.(1101)	Long-Term Care Insurance Policy
RS.LTC.IP.(1101)	Long-Term Care Insurance Policy with Inflation Protection
RS.LTC.SB.(1101)	Survivorship Benefit
RS.LTC.APB.(1101)	Automatic Additional Purchase Benefit
90-1970 (1101)	Outline of Coverage
90-1230 LTC (1101)	Request to Reinstate
90-0600 LTC (1101)	Personal Health and Status Declaration
90-1279 LTC (1101)	Application for Policy Change
90-1968 LTC (1101)	Application for Long-Term Care
90-1973 LTC (1101)	Long-Term Care Medical Questionnaire

Dear Mr. Spier:

This letter is in response to your e-mail dated November 21, 2001, regarding the above-referenced forms.

1. Per your request, please find enclosed with this letter RS.LTC.SB.(1101), (Survivorship Benefit), and RS.LTC.APB.(1101), (Automatic Additional Purchase Benefit).
2. Per your request, we have marked all "variable" information on the cover and the benefits and premiums page with brackets.
3. Per our telephone conversation on December 14, 2001, you indicated that we do not need to include the benefit trigger information that you referenced in your e-mail. Pursuant to our telephone conversation and your request, please find enclosed with this letter a "Certification" which is signed by one of our attorneys.
4. Per your request, we have added language to the definition of severe cognitive impairment so that it follows the IRS definition.



5. Per your request, we have removed the last two bullets in the definition of Home Health Care Agency.
6. Per your request, and pursuant to our telephone conversation, you indicated that it would be acceptable to add **Notice of Unintentional Lapse** to the second paragraph on page 14.
7. Per your request, and pursuant to 28 TAC §3.3807(a), we have changed "Premium Refund at Death" to "Return of Premium at Death" and "Premium Refund at Cancellation" to "Return of Premium at Cancellation" on page 14 of the above-referenced policies.
8. Per your request, we have deleted the second paragraph under section 6.2 Incontestability. Also, per your request, we have added "an intent to deceive by the Insured in the application for insurance" to the second sentence in the first paragraph of this section.
9. Per your request, we have marked the sample data number 11 of the Outline of Coverage, 90-1970 LTC (1101) as variable.
10. Per your request, we have added the graphic comparison so that it is under 14 in the Outline of Coverage, form 90-1970 (1101).
11. Per your request, we have modified the incontestability section on the Request to Reinstate, 90-1230 LTC (1101), to be the same as the Incontestability section of the contract.

I have enclosed replacement forms for the changes noted above. I have also enclosed copies of the replacement pages, underlining the indicated changes. The only changes in this resubmission are those noted above.

If you should have any questions regarding the enclosed forms, you may call me at (414) 665-7233 or you can e-mail me at [angelashanson@northwesternmutual.com](mailto:angelashanson@northwesternmutual.com).

Sincerely,



Angela S. Hanson (formerly Schaaf)  
Insurance Regulatory Specialist

Enclosures



**Northwestern Mutual™**

October 16, 2001

Northwestern Long Term Care Insurance Company  
NAIC No. 860-69000  
FEIN No. 36-2258318

**Texas Filing IDS: 2506731 & 2506727**

Mr. Russell Spier  
Insurance Specialist  
Life/Health Division - MC 106-1D  
Texas Department of Insurance  
P.O. Box 149104  
333 Guadalupe St.  
Austin, TX 78714-9104

Re: RS.LTC.(1101)	Long-Term Care Insurance Policy
RS.LTC.SB.(1101)	Survivorship Benefit
RS.LTC.APB.(1101)	Automatic Additional Purchase Benefit
90-1970 (1101)	Outline of Coverage
90-1230 LTC (1101)	Request to Reinstate
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90-1279 LTC (1101)	Application for Policy Change
90-1968 LTC (1101)	Application for Long-Term Care
90-1973 LTC (1101)	Long-Term Care Medical Questionnaire

Dear Mr. Spier:

This letter is in response to your phone call on October 16, 2001, regarding the above-referenced forms. Per your request, please find enclosed with this letter the actuarial information that corresponds to the policy and benefits referenced above.

If you should have any questions regarding the enclosed forms, you may call me at (414) 665-7233 or you can e-mail me at [angelaschaaf@northwesternmutual.com](mailto:angelaschaaf@northwesternmutual.com).

Sincerely,

Angela S. Hanson (formerly Schaaf)  
Insurance Regulatory Specialist

Enclosures

September 11, 2001

Northwestern Long Term Care Insurance Company  
NAIC No. 860-69000  
FEIN No. 36-2258318

**Texas Filing ID: 2494542**

Re: RS.LTC.IP.(1101) Long-Term Care Insurance Policy  
(with Inflation Protection)

Mr. Russell Spier  
Insurance Specialist  
Life/Health Division - MC 106-1D  
Texas Department of Insurance  
P.O. Box 149104  
333 Guadalupe St.  
Austin, TX 78714-9104

Dear Mr. Spier:

This letter is in response to your letter dated May 10, 2001, regarding the above-referenced forms.

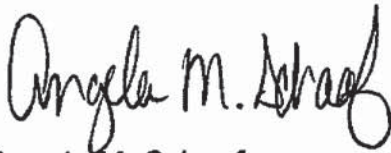
1. Per your request, and to comply with 28 TAC §3.3804(b)(21) we have inserted the year "1986" to the cover of the policy (RS.LTC.(1101) and to the Outline of Coverage (90-1970 (1101).
2. Per your request, we have added the definition for a Chronically Ill individual to Section 1 of the policy.
3. Per your request, we have modified the definition of continence to comply with 28 TAC 3.3804(b)(9).
4. Per your request, we have removed the word "medically" from the definition of dressing.
5. To comply with 28 TAC 3.3812(b)(1), we have modified the definition of nursing home, alternate living facility, adult day care facility, and home health care agency.
6. I have reviewed 28 TAC 3.3841(1)(C) and this regulation does not indicate that the grace period needs to be a part of the unintentional lapse. We are therefore, requesting that we are able to keep these provisions where they currently are.
7. Per your request, we have changed the provision for the incontestability period to comply with 28 TAC 3.3846(a) and (b).



I have enclosed replacement forms for the changes noted above. I have also enclosed copies of the replacement pages, underlining the indicated changes. The only changes in this resubmission are those noted above.

If you should have any questions regarding the enclosed forms, you may call me at (414) 665-7233 or you can e-mail me at [angelaschaaf@northwesternmutual.com](mailto:angelaschaaf@northwesternmutual.com).

Sincerely,

A handwritten signature in black ink that reads "Angela M. Schaaf". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Angela M. Schaaf  
Insurance Regulatory Specialist

Enclosures

September 11, 2001

Northwestern Long Term Care Insurance Company  
NAIC No. 860-69000  
FEIN No. 36-2258318

**Texas Filing ID: 2494541**

Mr. Russell Spier  
Insurance Specialist  
Life/Health Division - MC 106-1D  
Texas Department of Insurance  
P.O. Box 149104  
333 Guadalupe St.  
Austin, TX 78714-9104

Re: RS.LTC.(1101)	Long-Term Care Insurance Policy
RS.LTC.SB.(1101)	Survivorship Benefit
RS.LTC.APB.(1101)	Automatic Additional Purchase Benefit
90-1970 (1101)	Outline of Coverage
90-1230 LTC (1101)	Request to Reinstate
90-0600 LTC (1101)	Personal Health and Status Declaration
90-1279 LTC (1101)	Application for Policy Change
90-1968 LTC (1101)	Application for Long-Term Care
90-1973 LTC (1101)	Long-Term Care Medical Questionnaire

Dear Mr. Spier:

This letter is in response to your letter dated May 10, 2001, regarding the above-referenced forms.

1. Per your request, and to comply with 28 TAC §3.3804(b)(21) we have inserted the year "1986" to the cover of the policy (RS.LTC.(1101)) and to the Outline of Coverage (90-1970 (1101)).
2. Per your request, we have added the definition for a Chronically Ill individual to Section 1 of the policy.
3. Per your request, we have modified the definition of continence to comply with 28 TAC 3.3804(b)(9).
4. Per your request, we have removed the word "medically" from the definition of dressing.
5. To comply with 28 TAC 3.3812(b)(1), we have modified the definition of nursing home, alternate living facility, adult day care facility, and home health care agency.
6. I have reviewed 28 TAC 3.3841(1)(C) and this regulation does not indicate that the grace period needs to be a part of the unintentional lapse. We are therefore, requesting that we are able to keep these provisions where they currently are.

7. Per your request, we have changed the provision for the incontestability period to comply with 28 TAC 3.3846(a) and (b). Please also note that I have included a revised Request to Reinstate, form 90-1230 LTC (1101) which also reflects this change.
8. Per your request, we have changed question number 9 in the Medical Questionnaire, 90-1973 LTC (1101), to comply with 28 TAC 21.704(b)(9).
9. Per your request, we have changed the Caution section of the Outline of Coverage, 90-1970 (1101), to the Company **may have** the right to deny benefits.
10. Per our telephone conversation, you indicated that we could ignore this question.
11. Per your request, we have changed the Outline of Coverage so that it complies with the format as required in 28 TAC 3.3804(a)(4). We have also changed the Medicare Supplement Insurance Disclaimer to read "Guide to Health Insurance for People with Medicare" instead of "Medicare Supplement Buyer's Guide."
12. We have modified the Outline of Coverage, form 90-1970 (1101), number 5 to comply with 28 TAC 3.3832(b)(5).
13. Per your request, we have modified the Outline of Coverage, form 90-1970 (1101), number 10, so that it complies with 28 TAC 3.3804(b)(10).
14. Per your request, we have revised the forms so that the most restrictive option available is reflected on all of the forms except the applications.
15. Per your request, we have changed the phone number for the Texas Department of Aging in the Outline of Coverage, form 90-1970 (1101) to reflect the correct number, 1-800-252-9240.
16. Per your request, we have included a graphic comparison of the offer of inflation protection with the Outline of Coverage, form 90-1970 (1101).
17. Per your request, please find enclosed with this letter, a Table of Selections Factor used in Claim Cost Development and Underwriting Adjustment. Also, please find enclosed a complete and detailed Lifetime Loss Demonstration which includes the Earned Premium, Incurred Claims, Present Value of each policy year loss ratio and cumulative loss ratio, which includes one for the base policy, and, one for the base policy and riders (aggregate), and the interest rate has been limited to 4.5%.



In your letter, you requested that I explain why this policy contains inflation protection in the Benefits and Premiums page when my letter stated that this policy will not contain inflation protection. The Benefits and Premiums page that was previously submitted is a "sample" page which included specimen data that reflected the Insured purchasing inflation protection. As mentioned above, I have enclosed a Benefits and Premiums page which reflects the policy only, with no benefits.

You also requested additional information on the mandated offer of a nonforfeiture benefit. We intend to use the previously approved form, Paid-Up Nonforfeiture Benefit, RR.LTC.NFB.(0798), which was approved by your Department on February 5, 1999.

Also, per your request, I have corrected number 16 on the Outline of Coverage, 90-1970 (1101), to read §7702B(b).

Per your request, we have modified the Outline of Coverage, form 90-1970 (1101), so that it accurately reflects the policy corrections.

I have enclosed replacement forms for the changes noted above. I have also enclosed copies of the replacement pages, underlining the indicated changes. The only changes in this resubmission are those noted above.

If you should have any questions regarding the enclosed forms, you may call me at (414) 665-7233 or you can e-mail me at [angelaschaaf@northwesternmutual.com](mailto:angelaschaaf@northwesternmutual.com).

Sincerely,

A handwritten signature in black ink that reads "Angela M. Schaaf". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Angela M. Schaaf  
Insurance Regulatory Specialist

Enclosures



## Texas Department of Insurance

Life/Health Division – Accident & Health, Mail Code 106-1D  
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

May 10, 2001

Angela M. Schaaf  
Insurance Regulatory Specialist  
Northwestern Long Term Care Insurance Company  
720 East Wisconsin Ave.  
Milwaukee, WI 53202



Filing ID: 2494541

Re: Northwestern Long Term Care Insurance Company

RS.LTC.(1101)	Policy
RS.LTC.SB.(1101)	Survivorship Benefit
RS.LTC.APB.(1101)	Automatic Additional Purchase Benefit
90-1968 LTC (1101)	Application
90-1279 LTC (1101)	Application for Policy Change
90-1973 LTC (1101)	Medical Questionnaire
90-0600 LTC (1101)	Personal Health and Status Declaration
90-1230 LTC (1101)	Request To Reinstate
90-1970 (1101)	Outline Of Coverage
Rates	Rates and Actuarial Memorandum

Each referenced form was submitted for review and approval under Article 3.42, Texas Insurance Code.

This letter is notice of proposed disapproval of each form on May 17, 2001. Notice of proposed disapproval is required by §1.704(a), Part I, Title 28, Texas Administrative Code.

Each referenced form is found objectionable for the following reason(s):

1. The forms are contrary to 28 TAC §3.3804(b)(21) in that the year, 1986, of the Internal Revenue Code is left out of the statement on the policy cover that this is a qualified long-term care insurance contract.
2. To comply with the Internal Revenue Code of 1986, §7702B, the benefit eligibility in a tax-qualified policy is met when a person has been certified as a Chronically Ill Individual. A definition for a Chronically Ill Individual should be included in the policy. Also, a tax-qualified policy must follow the provisions set out in §7702B for eligibility.
3. The forms are contrary to 28 TAC §3.3804(b)(9) in that the definition of continence is less favorable than required.



4. The forms are contrary to 28 TAC §3.3804(b)(10) in that the definition of dressing is less favorable than required. Please remove the word "medically."
5. The forms are contrary to 28 TAC §3.3812(b)(1) in that the definition of nursing home, alternate living facility, adult day care facility, and home health care agency may not be more restrictive than one requiring that it be operated pursuant to state and federal law. These definitions may include a phrase that allows for certain criteria to be met, but only if licensing is not required.
6. The forms are contrary to 28 TAC §3.3841(1)(C) in that the provision for unintentional lapse is separate from the grace period.
7. The forms are contrary to 28 TAC §3.3846(a) and (b), in that the incontestability period should be according to said rule.
8. To comply with 28 TAC §21.704(b)(9), an insurer may inquire if an applicant has ever tested positive on an HIV-related test or has been diagnosed as having HIV or AIDS. The HIV question in the medical questionnaire is too general. It is not clear who has been tested.
9. The forms are contrary to 28 TAC 3.3832(b) in that the caution in the outline of coverage states that the Company has the right to deny benefits.
10. The forms are contrary to 28 TAC 3.3832(3)(B) in that the outline of coverage contains the return of unearned premium provision. This rule is referring to the refund of premium provision allowed under 28 TAC 3.3845.
11. The forms are contrary to 28 TAC §3.3804(a)(4), in that the use of text in the standard format outline of coverage is mandatory. Pursuant to 28 TAC §3.3804(b)(4), the Medicare Supplement Insurance Disclaimer should read "Guide to Health Insurance for People with Medicare" instead of "Medicare Supplement Buyer's Guide."
12. The forms are contrary to 28 TAC 3.3832(b)(5) in that they are more restrictive than allowed.
13. The forms are contrary to 28 TAC §3.3804(a)(4), in that the use of text in the standard format outline of coverage is mandatory. Pursuant to 28 TAC §3.3804(b)(10), the Alzheimer's provision should be expanded/modified to read according to said rule.
14. The forms are contrary to 28 TAC §3.3(d) in that all forms except the application must be completed with specimen information which shall reflect the most restrictive option available.
15. To comply with 28 TAC §3.3832(b)(12), the phone number for the Texas Department of Aging is to be disclosed in the outline of coverage, which you have done. However, due to an error on our part, the phone number for the Texas Department of Aging is incorrectly listed in the Texas Administrative Code. Please modify the number to reflect 1-800-252-9240.



16. The forms are contrary to 28 TAC §3.3832(b)(14)(A) in that the required graphic comparison of the offer of inflation protection in the outline of coverage is not included.

17. To comply with 28 TAC §3.4(b)(11), additional information is required. At the request of our actuarial staff, please submit the following information:

- Table of Selections Factor used in Claim Cost Development and Underwriting Adjustment.
- Complete and Detailed Lifetime Loss Ratio Demonstration which include the Earned Premium, Incurred Claims, Present Value of each policy year loss ratio and cumulative loss ratio. Provide one for the base policy, and, one for the base policy and riders (aggregate), and limit the interest rate between 4.5% to 5% in the calculation.

Upon resubmission, please explain why this policy contains inflation protection in the Benefits and Premiums page when your letter states that this policy will not contain inflation protection. Also, there is no attached benefit page for the mandated offer of a nonforfeiture benefit. Does the company intend to use a previously approved form? If so, please provide the form number. Finally, please correct number 16 on the outline of coverage to read §7702B(b).

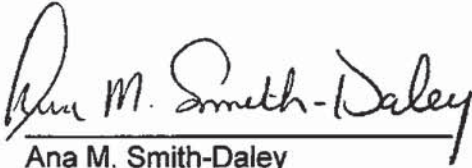
In addition, the outline of coverage should be modified to accurately reflect any policy and rider corrections.

Resubmission of disapproved or non-compliant forms must comply with 28 TAC §3.7. Specifically, each form must be accompanied by a transmittal letter addressed to the specialist indicated below in the format prescribed in Form EXP REV. The following information must be provided upon resubmission for review:

- A statement identifying the Filing ID number, form number and the date of the disapproval or non-approval of the previously disapproved or non-compliant forms.
- A certification that no changes have been made to the form other than those identified in the format prescribed in Form CERT FR, Item "Resubmissions."
- A summary of the differences between the disapproval or non-compliant version and the resubmitted version of the form, including a description of any deleted text. The new form must clearly identify all changes made to the form by underlining new or modified text. Highlighting is prohibited.

A copy of each disapproved form bearing the disapproval stamp and date will be mailed to you in confirmation of this notice of disapproval.

Any questions or comments regarding the cited reasons for disapproval should be directed to Russell Speir, Insurance Specialist, Life/Health Division - MC 106-1D, Texas Department of Insurance, P. O. Box 149104, Austin, Texas 78714-9104, telephone number (512) 305-7273, or e-mail at [Russell.Speir@tdi.state.tx.us](mailto:Russell.Speir@tdi.state.tx.us).



Ana M. Smith-Daley  
Deputy Insurance Commissioner  
Life/Health Division



March 19, 2001

Northwestern Long Term Care Insurance Company  
NAIC No. 860-69000  
FEIN No. 36-2258318

Jeri Nevels  
Insurance Specialist  
Texas Dept. of Insurance - MC 9999  
Life/Health Group - MC 106-1E  
Filings Intake Division  
333 Guadalupe St.  
Austin, TX 78701

Re: RS.LTC.(1101)	Long-Term Care Insurance Policy
RS.LTC.IP.(1101)	Long-Term Care Insurance Policy (with Inflation Protection)
RS.LTC.SB.(1101)	Survivorship Benefit
RS.LTC.APB.(1101)	Automatic Additional Purchase Benefit
90-1970 (1101)	Outline of Coverage
90-1230 LTC (1101)	Request to Reinstate
90-0600 LTC (1101)	Personal Health and Status Declaration
90-1279 LTC (1101)	Application for Policy Change
90-1968 LTC (1101)	Application for Long-Term Care
90-1973 LTC (1101)	Long-Term Care Medical Questionnaire

Dear Ms. Nevels:

Per your letter dated March 6, 2001, I have enclosed a check for \$100 to cover the filing fees for the above referenced forms. I apologize for any inconvenience this may have caused.

If I can be of any further assistance, please contact me at (414) 665-3591 direct or e-mail at [debbieorr@northwesternmutual.com](mailto:debbieorr@northwesternmutual.com).

Sincerely,

Debbie Orr  
Senior Policy Forms Assistant  
Actuarial Department

Enc.





# Texas Department of Insurance

Life, Health & Licensing Program – Life, Health & HMO Intake Unit, Mail Code 106-1E  
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

Date: 3/16/01

Contact Person's Name: Angela M. Schaaf - Insurance Regulatory Specialist

Company's Name: Northwestern Long Term Care Insurance Company

Company's Address: 720 East Wisconsin Avenue - Milwaukee, WI 53202

Referenced Form(s): R.S.LTC.(1101); R.S.LTC.I.P.(1101), et al

Dear Mr. (Ms) Schaaf:

We are unable to accept this submission for filing due to the failure to meet the following requirement/s:

- ☐ Failure to provide duplicates of submission [TAC §3.3(c)]
- ☐ Failure to provide Multi-Use certification and/or initialed in the appropriate place(s). [TAC §3.5-3.10] ( Exempt, File & Use, Corrections, Resubmission, Exact Copies, Substitution, et al.)
- ☒ The total required filing fee of \$200.00 was not included with this submission. We received your check in the amount of \$100.00; therefore , an additional \$100.00 is due. [TAC §3.3(h) and TAC §7.1301(c), subchapter M]
- ☐ The required filing fee of \$50.00 per policy was not included with this resubmission. [TAC §3.3(h)(2) and TAC §7.1301(c), subchapter M]
- ☐ A resubmission of previously disapproved forms must include all forms for which the company is seeking approval. [See TAC §3.7]
- ☐ Please note that this form is not exempt for review we received your check in the amount of \$50.00 an additional \$50.00 is due.[TAC §3.3(h)(1)]
- ☐ Failure to provide a distinguishing form number in the lower left hand corner of form.[TAC §3.3(g) and 3.4(b)]
- ☐ Failure to provide a completed copy of the Expedited Review or General Review transmittal checklist.[TAC §3.3(k)]
- ☐ New or modified text must be underlined. Highlighting any portion of the form is strictly prohibited.[See TAC §3.5(b)(3)]

The referenced submission is returned to you so that it may be corrected and properly refiled with the requested items. Be aware that the forms are only being returned for the basic filing requirements, and have not yet been technically reviewed. If you have any questions, please feel free to call me at 512/305-7586.

Sincerely,

*Jerri Nevels*  
Jerri Nevels

Insurance Specialist  
Filings Intake Division  
Life/Health Group MC 106-1E





# Northwestern Mutual™

March 2, 2001

Northwestern Long Term Care Insurance Company  
NAIC No. 860-69000  
FEIN No. 36-2258318

Jose Montemayor  
Commissioner of Insurance  
Texas Dept. of Insurance - MC 9999  
Life/Health Group - MC 106-1E  
P.O. Box 149104  
333 Guadalupe St.  
Austin, TX 78701

Re: RS.LTC.(1101)	Long-Term Care Insurance Policy
RS.LTC.IP.(1101)	Long-Term Care Insurance Policy (with Inflation Protection)
RS.LTC.SB.(1101)	Survivorship Benefit
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90-1970 (1101)	Outline of Coverage
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90-0600 LTC (1101)	Personal Health and Status Declaration
90-1279 LTC (1101)	Application for Policy Change
90-1968 LTC (1101)	Application for Long-Term Care
90-1973 LTC (1101)	Long-Term Care Medical Questionnaire

ATTENTION: Filings Intake Div.

These forms and rates are being submitted on behalf of the Northwestern Long Term Care Insurance Company. The Northwestern Long Term Care Insurance Company is a wholly owned subsidiary of The Northwestern Mutual Life Insurance Company.

I am submitting for your approval form RS.LTC.(1101) which is an individual, comprehensive, Qualified long-term care insurance policy. I am also submitting form RS.LTC.IP.(1101) which is an individual, comprehensive Qualified long-term care insurance policy that the Insured will receive if they purchase a policy with inflation protection. Also included with this filing are two additional benefit forms, an outline of coverage, and application forms.

We plan to introduce these new policies and additional benefits in November, 2001 or subsequent to your state's approval.

The forms referenced above, are new forms and will replace the following forms, which are now in use:

<u>New Form Number</u>	<u>Form Being Replaced</u>	<u>Date Approved</u>
RS.LTC.(1101)	RR.LTC.(0798)	February 5, 1999
RS.LTC.SB.(1101)	N/A	N/A
RS.LTC.APB.(1101)	RR.LTC.APB.(0798)	February 5, 1999
90-1970 (1101)	90-1970-98 (0798) TX	February 5, 1999
90-1230 LTC (1101)	90-1230 LTC (0798)	March 4, 1999
90-0600 LTC (1101)	90-0600 LTC (0898)	March 4, 1999
90-1279 LTC (1101)	90-1279 LTC (0898) TEXAS	March 4, 1999
90-1968 LTC (1101)	90-1968 LTC (0798) TEXAS	February 5, 1999
90-1973 LTC (1101)	90-1973 LTC (1199) TEXAS	August 5, 1999

Policy form RS.LTC.(1101) and RS.LTC.IP.(1101) are guaranteed renewable for life.



Also included with this filing is a rate manual and actuarial memorandum.

Appendix A contains a sample premium calculation. There are no policy fees.

Appendix B is a certification of readability along with the Flesch readability score. All forms are printed in 12 point leaded for reading ease.

Each of the additional benefits is available at the option of the insured and for an additional premium.

The above-referenced policies, including additional benefits, are tax qualified long-term care policies under the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). They are also designed to follow all of the requirements of the NAIC Long-Term Care Insurance Model Act and Regulation.

Following is a brief description of the policies and each of the additional benefits.

Policy forms RS.LTC.(1101) and RS.LTC.IP.(1101)

Premiums and Benefits

As noted above the premiums are guaranteed renewable (level premiums) for life. The policy is a comprehensive long-term policy with benefits payable on an expense reimbursement basis.

There is only one medical risk class available. Smokers will not pay an extra premium multiple.

A spousal discount of 15% is available. To receive the discount, both spouses must be insurable. However, both spouses do not have to purchase policies.

The insured may pick any maximum daily reimbursement basis for nursing home care from \$50 to \$250. The daily limit for alternate living facilities equals 100% of the nursing home limit chosen. For home health care and adult day care, the daily limit is an option chosen by the insured and may equal either 50% or 100% of the nursing home daily limit. To avoid any confusion, actual dollar figures, not percentages, of the maximum daily limit for each provider of care are shown on the specifications page.

The benefit itself is the lesser of the actual daily charge or the daily limit for the appropriate provider of care.

There are three choices for Beginning Dates (elimination period plus one day) that are available – 46 day, 91 day or 181 day Beginning Date. Benefits begin to accrue after the insured has either 45, 90 or 180 days of expenses.

A lifetime maximum benefit is based on maximum benefits for nursing home care of: three years, six years, or unlimited (life). Actual benefits are payable subject to the daily limit selected and as long as the maximum amount available has not been exhausted.



Automatic Additional Purchase Benefit (AAPB) (RS.LTC.APB.(1101))

We intend to continue to offer the Automatic Benefit Increase (RR.LTC.ABI.(0798)), which was previously approved by your Department. This benefit provides inflation protection with indexing at 5% compounded with a level premium as required by the NAIC model. However, as an alternative we also intend to offer the AAPB.

The AAPB provides an alternative to the ABI for inflation coverage. On each policy anniversary, the Daily Benefit and the Benefit Account Value remaining increase at 5% compounded. However, each increase has its own level premium based on the attained age of the insured on the anniversary of each increase. In effect, values may appear as if the insured has purchased a new additional piece of level premium coverage each year.

The last increase if the insured is not on claim occurs at age 85 or the tenth policy anniversary, if later.

If the insured is on claim, the 5% increases continue indefinitely, so long as the amount of any benefits paid is not greater than the Benefit Account Value.

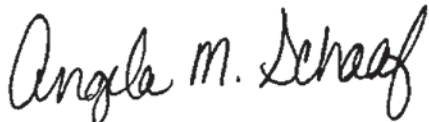
Survivorship Benefit (RS.LTC.SB.(1101))

The Survivorship Benefit is an optional benefit that can be purchased when two spouses each own a Northwestern Long Term Care policy. Upon the death of one of the Insureds, this Benefit will change the status of the surviving Insured's policy to paid-up. The paid-up policy will begin at the later of the death of the first Insured or the first anniversary after the benefit on the surviving Insured's policy has been paid for seven years. Both spouses must purchase this benefit.

These forms and rates have been filed for use in Wisconsin, our state of domicile.

If you should have any questions regarding the enclosed forms, you may call me collect at (414) 665-7233 or you can e-mail me at [angelaschaaf@northwesternmutual.com](mailto:angelaschaaf@northwesternmutual.com).

Sincerely,



Angela M. Schaaf  
Insurance Regulatory Specialist

Enclosures

# SAMPLE PREMIUM CALCULATION

## Long-Term Care

### Form RS.LTC.(1101)

Nursing Home Maximum Benefit	\$100 per day
Home Health Care Maximum	50% (\$50 per day)
Benefit as a Percentage of Nursing Home	
Age	65
Beginning Date	91 <sup>st</sup> day
Maximum Benefit Period	6 Years
Premium Frequency	Annual
Spousal Discount	Yes
Additional Benefit	
Automatic Benefit Increase at 5% (ABI)	
Basic premium per \$10/day	\$ 101.90
ABI	+ \$ <u>149.60</u>
Total	\$ 251.50
Times number of units	X <u>10</u>
Total	\$ 2,515.00
Less Spousal Discount	X <u>.85</u>
Total gross premium	\$ 2,137.75

## Readability of Long-Term Care Forms

I certify to the best of my knowledge and belief that the following forms meet the readability, legibility, and format requirements of any applicable law and regulations of your state, and that Flesch Readability Score is as follows:

<u>Form Number</u>	<u>Flesch Readability Score</u>
RS.LTC.(1101)	50.2
RS.LTC.IP.(1101)	50.2
RS.LTC.APB.(1101)	53.2
RS.LTC.SB.(1101)	57.7
90-1970 (1101)	50.5
90-1230 LTC (1101)	52.3
90-0600 LTC (1101)	53.3
90-1279 LTC (1101)	50.0
90-1968 LTC (1101)	50.7
90-1973 LTC (1101)	56.8

### NORTHWESTERN LONG TERM CARE INSURANCE COMPANY



Ted A. Matchulat  
Product Compliance Officer

March 2, 2001

Date



**TEXAS DEPARTMENT OF INSURANCE**  
**Life/Health Group Regular and General Review Transmittal Checklist**

INSURANCE COMPANY NAME: Northwestern Long Term Care Insurance Company

INSURANCE COMPANY ADDRESS: 720 East Wisconsin Avenue, Milwaukee, WI 53202

CONTACT PERSON NAME: Angela M. Schaaf

☐ LETTER OF AUTHORIZATION ATTACHED IF USING CONSULTANT

TELEPHONE NUMBER: (414) 665-7233

FAX NUMBER: (414) 665-5006

CONTACT PERSON ADDRESS: \_\_\_\_\_  
(PROVIDE IF DIFFERENT FROM COMPANY ADDRESS.)

1. FORM NUMBER/S: RS.LTC.(1101); RS.LTC.APB.(1101); RS.LTC.SB.(1101); 90-1970 (1101);  
90-1968 LTC (1101); 90-1973 LTC (1101); 90-1279 LTC (1101); 90-0600 LTC (1101);  
90-1230 LTC (1101)

☐ IF SPACING IS NOT SUFFICIENT, A LISTING OF ALL FORMS SUBMITTED IS ATTACHED.

2. FILING IS: ☒ New ☐ Informational

3. FORMS ARE SUBMITTED FOR REVIEW UNDER TEXAS INSURANCE CODE:

☐ Article 3.42, §(c) - Certification Attached ☒ Article 3.42, §(d) ☐ Article 3.53

4. TYPE OF PRODUCT:

- a) ☐ Group ☒ Individual ☐ Credit
- b) ☐ Accident & Health ☒ Long Term Care  
☐ Annuity ☐ Medicare Supplement
- Annuity Forms Includes:
- ☐ market value adjustment ☐ two-tier values  
☐ persistency bonuses ☐ waiver of surrender charges
- ☐ Conversion ☐ Prepaid Funeral  
☐ Life ☐ Chapter 26 (2055)  
☐ Life, Accident & Health ☒ Rate Filing

5. RATE FILING IS: (NEW RATES FOR NEW FORM)

- ☐ Increase \_\_\_\_\_ % of Increase  
☐ Decrease \_\_\_\_\_ % of Decrease  
☐ Annual Rate Report Filing (Medicare & Long Term Care Products)  
☐ Cost of Insurance  
☐ Credit Life, Accident & Health

RATE FILING IS FOR FORM NUMBER/S & APPROVAL DATE/S: \_\_\_\_\_  
NEW RATES FOR NEW FORMS IN NUMBER ONE ABOVE.

RATE HISTORY: \_\_\_\_\_

6. INDICATE THE INTENDED USE OF THE FORM/S.

☒ The form/s will be used on a general use basis.

☐ The form/s will be used with the following policy/certificate approved on: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7 SPECIFY TYPE OF GROUP TO WHICH FORMS WILL BE ISSUED:

N/A - INDIVIDUAL ISSUE ONLY

☐ Article 3.50, Section \_\_\_\_\_, Paragraph \_\_\_\_\_

☐ Article 3.51-6, Section \_\_\_\_\_, Paragraph \_\_\_\_\_

SIZE OF GROUP: \_\_\_\_\_

☐ Trust agreement included if issued to a Trust

☐ Bylaws included if issued to an Association

CHAPTER 26 FILING IS AN:

☐ Alternate to Prototype Plans

☐ Additional Plan/s

THE FOLLOWING CERTIFICATIONS ARE INCLUDED IN THE FILING:

☐ Figure 63

☐ Figure 65

☐ Figure 68

☐ Figure 70

☐ Figure 64

☐ Figure 66

☐ Figure 69

9 ☒ READABILITY SCORE IS PROVIDED FOR EACH FORM, IF APPLICABLE

10. ☒ ACTUARIAL INFORMATION IS INCLUDED

1. ☒ FILING FEE INCLUDED AMOUNT OF FEE: \$100.00  
REASON FEE NOT INCLUDED: \_\_\_\_\_

☒ DUPLICATE SET OF FORMS INCLUDED AND AN APPROPRIATELY SIZED SELF-ADDRESSED STAMPED ENVELOPE

8

12

GEN REV



**TEXAS DEPARTMENT OF INSURANCE  
EXPEDITED REVIEW FILING TRANSMITTAL CHECKLIST**

INSURANCE COMPANY NAME: Northwestern Long Term Care Insurance Company  
 INSURANCE COMPANY ADDRESS: 720 East Wisconsin Avenue, Milwaukee, WI 53202  
 CONTACT PERSON NAME: Angela S. Hanson TELEPHONE NUMBER: (414) 665-7233 FAX NUMBER: (414) 665-5006  
☐ LETTER OF AUTHORIZATION ATTACHED IF USING CONSULTANT

CONTACT PERSON ADDRESS: Same as above  
 (PROVIDE IF DIFFERENT FROM COMPANY ADDRESS.)

1. TYPE OF PRODUCT
- a) ☐ Group ☒ Individual ☐ Credit ☐ Prepaid Legal
- b) ☐ A & H ☐ Annuity ☐ Conversion ☐ Life ☐ Life, A&H ☒ Long Term Care ☐ Medicare ☐ Prepaid Funeral ☐ 2055 Prototype

2. SUBMISSION IS FILED UNDER TEXAS INSURANCE CODE:  
☒ Article 3.42, §(c) - Certification Attached ☐ Article 3.42, §(d) ☐ Article 3.53 ☐ Article 5.13-1 ☐ Article 23.16

3. FORM NUMBER OF SUBMITTED FORM:  
 RS.LTC.(1101), ET AL

4. READABILITY SCORE, IF APPLICABLE:

5. FORM IS EXEMPT FROM REVIEW UNDER  
 SUBCHAPTER Z, §3.4004

6. FORM IS A CORRECTION FOR FORM NUMBER:  
☐ Certification Attached  
☐ Summary of Changes Provided  
☐ Certification Attached

7. FORM IS A RESUBMISSION OF FORM NUMBER:  
☒ Summary of Corrections Provided  
☒ Certification Attached

8. FORM IS AN EXACT COPY OF:  
☐ Certification Attached

9. FORM IS SIMILAR TO PREVIOUSLY APPROVED FORM:  
☐ Summary of Changes Provided  
☐ Certification Attached

10. FORM IS A SUBSTITUTION FOR:  
☐ Summary of Changes Provided  
☐ Certification Attached

11. FORM WAS PREVIOUSLY APPROVED AND WILL BE USED IN CONJUNCTION WITH SUBMITTED FORM/S.

Subsection	Paragraph	Subsection	Paragraph
FORM NUMBER:		FORM NUMBER:	
FORM NUMBER:		FORM NUMBER:	
Company Name: Form Number & Approval Date:		Form Number: Approval Date:	
Company Name: Form Number: Approval Date:		Form Number: Approval Date:	
Form Number: Approval Date:		Approval Date:	

EXP REV

07/05/2017 12:31:04

12. INDICATE THE INTENDED USE OF THE FORM/S.

- ☒ The form/s will be used on a general use basis.
- ☐ The form/s will be used with the following policy/certificate approved on: \_\_\_\_\_

13. SPECIFY TYPE OF GROUP TO WHICH FORMS WILL BE ISSUED:

- ☐ Article 3.50, Section \_\_\_\_\_, Paragraph \_\_\_\_\_
- ☐ Article 3.51-6, Section \_\_\_\_\_, Paragraph \_\_\_\_\_
- SIZE OF GROUP: \_\_\_\_\_

- ☐ Trust agreement included if issued to a Trust
- ☐ Bylaws included if issued to an Association

14. CHECK THE CERTIFICATIONS INCLUDED IN THE PROTOTYPE SUBMISSION:

- ☐ Figure 63 ☐ Figure 65 ☐ Figure 67 ☐ Figure 69
- ☐ Figure 64 ☐ Figure 66 ☐ Figure 68 ☐ Figure 70

15. ☒ ACTUARIAL INFORMATION IS INCLUDED

16. ☐ FILING FEE INCLUDED      AMOUNT OF FEE: \$ \_\_\_\_\_
- ☐ REASON FEE NOT INCLUDED: \_\_\_\_\_

17. ☒ DUPLICATE SET OF FORMS AND AN APPROPRIATELY SIZED SELF-ADDRESSED STAMPED ENVELOPE INCLUDED.

EXP REV



# TEXAS POLICY FORM CERTIFICATIONS

## Multi-Use Form

Re: RS.LTC.(1101), et al.

This certification is on behalf of and is binding to Northwestern Long Term Care Insurance Company. The person, a duly authorized agent of the company, certifies they have reviewed the filing as indicated by their initials to the left of the type(s) of filing to which this certification applies:

☐ *[File and Use under Article 3.42, paragraph (c)]* To the best of my knowledge and belief, such filed form, contract, or policy complies in all respects with the provisions of the Texas Insurance Code and the adopted rules and regulations that are applicable to such policy contract, certificate, application, rider, endorsement, or other form being filed.

☐ *[Exempt Forms]* Such filed form, contract, or policy complies in all respects with all applicable laws and rules. I certify that none of these forms is deceptive or misleading and none contains exceptions or conditions that unreasonably or deceptively affect the risk purported to be assumed in the general coverages of the policy. I also certify that the use of these forms will be discontinued in the event of future change in laws or rules which would prohibit the use of such forms.

☐ *[Corrections]* No changes have been made to the forms previously submitted other than those identified and marked. A summary of changes, including a description of any deleted text, is attached.

☒ *[Resubmission]* No changes have been made to the forms previously submitted other than those identified and marked. A summary of changes, including a description of any deleted text, is attached.

☐ *[Exact Copy]* The form is an exact copy of Form FORM NUMBER for The Northwestern Mutual Life Insurance Company which was approved for use in the State of Texas on APPROVAL DATE. No changes or modifications have been made to this form other than the company information. Additionally, I certify that the form complies with all applicable laws and rules.

☐ *[Similar to Previously Approved Form]* The form is an exact copy of Form FORM NUMBER for The Northwestern Mutual Life Insurance Company for use in the State of Texas on APPROVAL DATE. No changes have been made to this form other than those identified and marked. A summary of changes, including a description of any deleted text, is attached. Additionally, I certify that, other than the noted changes, the form complies in all respects with all applicable laws and rules.

☐ *[Substitution]* The form is a substitution for Form FORM NUMBER which was approved or filed as exempt in the State of Texas on DATE. A summary of changes, including a description of any deleted text, is attached. No changes or modifications have been made to the form other than those identified and marked. The original version of this form has not been issued or otherwise used in Texas and will not be used in Texas at any time.

☐ *[Supplemental Coverage]* The policy form will only be marketed and issued to supplement in-force accident and sickness coverage in accordance with 28 TAC 3.3080.



Signature of President, Actuary, Attorney or other Designated Representative

Please type or print the name and title of the signature appearing above.

Ted A. Matchulat

Name

Product Compliance Officer

Title

March 14, 2002

Date

Other certifications required for filings made under the Small Employer Health Insurance Availability Act are addressed under Section 26.19 (relating to Small Employer Health Insurance/Filing Requirements), Texas Administrative Code.

CERT FR

07/05/2017 12:31:04



**TEXAS DEPARTMENT OF INSURANCE  
EXPEDITED REVIEW FILING TRANSMITTAL CHECKLIST**

INSURANCE COMPANY NAME: Northwestern Long Term Care Insurance Company  
 INSURANCE COMPANY ADDRESS: 720 East Wisconsin Avenue, Milwaukee, WI 53202  
 CONTACT PERSON NAME: Angela Hanson TELEPHONE NUMBER: (414) 665-7233 FAX NUMBER: (414) 665-5006  
☐ LETTER OF AUTHORIZATION ATTACHED IF USING CONSULTANT

CONTACT PERSON ADDRESS: _____ (PROVIDE IF DIFFERENT FROM COMPANY ADDRESS.)	
<b>1. TYPE OF PRODUCT</b> a) <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Credit <input type="checkbox"/> Prepaid Legal b) <input type="checkbox"/> A & H <input type="checkbox"/> Annuity <input type="checkbox"/> Conversion <input type="checkbox"/> Life <input type="checkbox"/> Life, A&H <input checked="" type="checkbox"/> Long Term Care <input type="checkbox"/> Medicare <input type="checkbox"/> Prepaid Funeral <input type="checkbox"/> 2055 Prototype	SUBMISSION IS FILED UNDER TEXAS INSURANCE CODE: <input type="checkbox"/> Article 3.42, §(c) - Certification Attached <input checked="" type="checkbox"/> Article 3.42, §(d) <input type="checkbox"/> Article 3.53 <input type="checkbox"/> Article 5.13-1 <input type="checkbox"/> Article 23.16
<b>3. FORM NUMBER OF SUBMITTED FORM:</b> _____	Subsection _____ Paragraph _____
<b>4. READABILITY SCORE, IF APPLICABLE:</b> _____	Subsection _____ Paragraph _____
<b>5. FORM IS EXEMPT FROM REVIEW UNDER SUBCHAPTER Z, §3.4004</b> <input type="checkbox"/> Certification Attached	FORM NUMBER: _____
<b>6. FORM IS A CORRECTION FOR FORM NUMBER:</b> <input type="checkbox"/> Summary of Changes Provided <input type="checkbox"/> Certification Attached	FORM NUMBER: _____
<b>7. FORM IS A RESUBMISSION OF FORM NUMBER:</b> <input checked="" type="checkbox"/> Summary of Corrections Provided <input checked="" type="checkbox"/> Certification Attached	FORM NUMBER: <u>RS.LTC.(1101); 90-1968 LTC (1101); 90-1279 LTC (1101); 90-0600 LTC (1101)</u>
<b>8. FORM IS AN EXACT COPY OF:</b> <input type="checkbox"/> Certification Attached	Form Number: _____ Approval Date: _____
<b>9. FORM IS SIMILAR TO PREVIOUSLY APPROVED FORM:</b> <input type="checkbox"/> Summary of Changes Provided <input type="checkbox"/> Certification Attached	Form Number: _____ Approval Date: _____
<b>10. FORM IS A SUBSTITUTION FOR:</b> <input type="checkbox"/> Summary of Changes Provided <input type="checkbox"/> Certification Attached	Form Number: _____ Approval Date: _____
<b>11. FORM WAS PREVIOUSLY APPROVED AND WILL BE USED IN CONJUNCTION WITH SUBMITTED FORM/S.</b>	Approval Date: _____

EXP REV

12. INDICATE THE INTENDED USE OF THE FORM/S.

- ☐ The form/s will be used on a general use basis.
- ☐ The form/s will be used with the following policy/certificate approved on: \_\_\_\_\_

13. SPECIFY TYPE OF GROUP TO WHICH FORMS WILL BE ISSUED:

- ☐ Article 3.50, Section \_\_\_\_\_, Paragraph \_\_\_\_\_
- ☐ Article 3.51-6, Section \_\_\_\_\_, Paragraph \_\_\_\_\_
- SIZE OF GROUP: \_\_\_\_\_
- ☐ Trust agreement included if issued to a Trust
- ☐ Bylaws included if issued to an Association

14. CHECK THE CERTIFICATIONS INCLUDED IN THE PROTOTYPE SUBMISSION:

- ☐ Figure 63 ☐ Figure 65 ☐ Figure 67 ☐ Figure 69
- ☐ Figure 64 ☐ Figure 66 ☐ Figure 68 ☐ Figure 70

15. ☐ ACTUARIAL INFORMATION IS INCLUDED

16. ☐ FILING FEE INCLUDED ☐ AMOUNT OF FEE: \$ \_\_\_\_\_
- ☐ REASON FEE NOT INCLUDED: \_\_\_\_\_

17. ☒ DUPLICATE SET OF FORMS AND AN APPROPRIATELY SIZED SELF-ADDRESSED STAMPED ENVELOPE INCLUDED.

EXP REV



TEXAS POLICY FORM CERTIFICATIONS  
Multi-Use Form

Re: RS.LTC.(1101) et al

This certification is on behalf of and is binding to Northwestern Long Term Care Insurance Company. The person, a duly authorized agent of the company, certifies they have reviewed the filing as indicated by their initials to the left of the type(s) of filing to which this certification applies:

Initial [File and Use under Article 3.42, paragraph (c)] To the best of my knowledge and belief, such filed form, contract, or policy complies in all respects with the provisions of the Texas Insurance Code and the adopted rules and regulations that are applicable to such policy contract, certificate, application, rider, endorsement, or other form being filed.

Initial [Exempt Forms] Such filed form, contract, or policy complies in all respects with all applicable laws and rules. I certify that none of these forms is deceptive or misleading and none contains exceptions or conditions that unreasonably or deceptively affect the risk purported to be assumed in the general coverages of the policy. I also certify that the use of these forms will be discontinued in the event of future change in laws or rules which would prohibit the use of such forms.

Initial [Corrections] No changes have been made to the forms previously submitted other than those identified and marked. A summary of changes, including a description of any deleted text, is attached.

Initial [Resubmission] No changes have been made to the forms previously submitted other than those identified and marked. A summary of changes, including a description of any deleted text, is attached.

Initial [Exact Copy] The form is an exact copy of Form FORM NUMBER for The Northwestern Mutual Life Insurance Company which was approved for use in the State of Texas on APPROVAL DATE. No changes or modifications have been made to this form other than the company information. Additionally, I certify that the form complies with all applicable laws and rules.

Initial [Similar to Previously Approved Form] The form is an exact copy of Form FORM NUMBER for The Northwestern Mutual Life Insurance Company for use in the State of Texas on APPROVAL DATE. No changes have been made to this form other than those identified and marked. A summary of changes, including a description of any deleted text, is attached. Additionally, I certify that, other than the noted changes, the form complies in all respects with all applicable laws and rules.

Initial [Substitution] The form is a substitution for Form FORM NUMBER which was approved or filed as exempt in the State of Texas on DATE. A summary of changes, including a description of any deleted text, is attached. No changes or modifications have been made to the form other than those identified and marked. The original version of this form has not been issued or otherwise used in Texas and will not be used in Texas at any time.

Initial [Supplemental Coverage] The policy form will only be marketed and issued to supplement in-force accident and sickness coverage in accordance with 28 TAC 3.3080.

Signature of President, Actuary, Attorney or other Designated Representative

Please type or print the name and title of the signature appearing above.

Ted A. Matchulat

Name

Product Compliance Officer

Title

January 25, 2002

Date

Other certifications required for filings made under the Small Employer Health Insurance Availability Act are addressed under Section 26.19 (relating to Small Employer Health Insurance/Filing Requirements), Texas Administrative Code.

CERT FR

07/05/2017 12:31:04



TEXAS POLICY FORM CERTIFICATIONS  
Multi-Use Form

Re: RS.LTC.IP.(1101).

This certification is on behalf of and is binding to Northwestern Long Term Care Insurance Company. The person, a duly authorized agent of the company, certifies they have reviewed the filing as indicated by their initials to the left of the type(s) of filing to which this certification applies:

Initial [File and Use under Article 3.42, paragraph (c)] To the best of my knowledge and belief, such filed form, contract, or policy complies in all respects with the provisions of the Texas Insurance Code and the adopted rules and regulations that are applicable to such policy contract, certificate, application, rider, endorsement, or other form being filed.

Initial [Exempt Forms] Such filed form, contract, or policy complies with all applicable laws and rules. I certify that none of these forms is deceptive or misleading and none contains exceptions or conditions that unreasonably or deceptively affect the risk purported to be assumed in the general coverages of the policy. I also certify that the use of these forms will be discontinued in the event of future change in laws or rules which would prohibit the use of such forms.

Initial [Corrections] No changes have been made to the forms previously submitted other than those identified and marked. A summary of changes, including a description of any deleted text, is attached.

Initial [Resubmission] No changes have been made to the forms previously submitted other than those identified and marked. A summary of changes, including a description of any deleted text, is attached.

Initial [Exact Copy] The form is an exact copy of Form FORM NUMBER for The Northwestern Mutual Life Insurance Company which was approved for use in the State of Texas on APPROVAL DATE. No changes or modifications have been made to this form other than the company information. Additionally, I certify that the form complies with all applicable laws and rules.

Initial [Similar to Previously Approved Form] The form is an exact copy of Form FORM NUMBER for The Northwestern Mutual Life Insurance Company for use in the State of Texas on APPROVAL DATE. No changes have been made to this form other than those identified and marked. A summary of changes, including a description of any deleted text, is attached. Additionally, I certify that, other than the noted changes, the form complies in all respects with all applicable laws and rules.

Initial [Substitution] The form is a substitution for Form FORM NUMBER which was approved or filed as exempt in the State of Texas on DATE. A summary of changes, including a description of any deleted text, is attached. No changes or modifications have been made to the form other than those identified and marked. The original version of this form has not been issued or otherwise used in Texas and will not be used in Texas at any time.

Initial [Supplemental Coverage] The policy form will only be marketed and issued to supplement in-force accident and sickness coverage in accordance with 28 TAC 3.3080.

Ted A. Matchulat  
Signature of President, Actuary, Attorney or other Designated Representative

Please type or print the name and title of the signature appearing above.

Ted A. Matchulat  
Name  
Product Compliance Officer  
Title  
September 6, 2001  
Date

Other certifications required for filings made under the Small Employer Health Insurance Availability Act are addressed under Section 26.19 (relating to Small Employer Health Insurance/Filing Requirements), Texas Administrative Code.

CERT FR

07/05/2017 12:31:04

**TEXAS DEPARTMENT OF INSURANCE  
EXPEDITED REVIEW FILING TRANSMITTAL CHECKLIST**

INSURANCE COMPANY NAME: Northwestern Long Term Care Insurance Company  
 INSURANCE COMPANY ADDRESS: 720 East Wisconsin Avenue, Milwaukee, WI 53202  
 CONTACT PERSON NAME: Angela M. Schaaf TELEPHONE NUMBER: (414) 665-7233 FAX NUMBER: (414) 665-5006  
☐ LETTER OF AUTHORIZATION ATTACHED IF USING CONSULTANT

CONTACT PERSON ADDRESS: Same as above  
 (PROVIDE IF DIFFERENT FROM COMPANY ADDRESS.)

1. TYPE OF PRODUCT
- a) ☐ Group ☒ Individual ☐ Credit ☐ Prepaid Legal
- b) ☐ A & H ☐ Annuity ☐ Conversion ☐ Life ☐ Life, A&H ☒ Long Term Care ☐ Medicare ☐ Prepaid Funeral ☐ 2055 Prototype

2. SUBMISSION IS FILED UNDER TEXAS INSURANCE CODE:  
☒ Article 3.42, §(c) - Certification Attached ☐ Article 3.42, §(d) ☐ Article 3.53 ☐ Article 5.13-1 ☐ Article 23.16

3. FORM NUMBER OF SUBMITTED FORM: RS.LTC.IP.(1101)		
4. READABILITY SCORE, IF APPLICABLE:		
5. FORM IS EXEMPT FROM REVIEW UNDER SUBCHAPTER Z, §3.4004 <input type="checkbox"/> Certification Attached	Subsection _____ Paragraph _____	Subsection _____ Paragraph _____
6. FORM IS A CORRECTION FOR FORM NUMBER:  Summary of Changes Provided Certification Attached	FORM NUMBER:	FORM NUMBER:
7. FORM IS A RESUBMISSION OF FORM NUMBER: Summary of Corrections Provided Certification Attached	FORM NUMBER: RS.LTC.IP.(1101)	FORM NUMBER:
8. FORM IS AN EXACT COPY OF: <input type="checkbox"/> Certification Attached	Company Name: Form Number & Approval Date:	Form Number: Approval Date:
9. FORM IS SIMILAR TO PREVIOUSLY APPROVED FORM: Summary of Changes Provided Certification Attached	Company Name: Form Number: Approval Date:	Form Number: Approval Date:
10. FORM IS A SUBSTITUTION FOR: Summary of Changes Provided Certification Attached	Form Number: Approval Date:	Form Number: Approval Date:
11. FORM WAS PREVIOUSLY APPROVED AND WILL BE USED IN CONJUNCTION WITH SUBMITTED FORM/S.	Approval Date:	Approval Date:

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12. INDICATE THE INTENDED USE OF THE FORM/S.

- ☒ The form/s will be used on a general use basis.
- ☐ The form/s will be used with the following policy/certificate approved on: \_\_\_\_\_

13. SPECIFY TYPE OF GROUP TO WHICH FORMS WILL BE ISSUED:

- ☐ Article 3.50, Section \_\_\_\_\_, Paragraph \_\_\_\_\_
- ☐ Article 3.51-6, Section \_\_\_\_\_, Paragraph \_\_\_\_\_
- SIZE OF GROUP: \_\_\_\_\_

- ☐ Trust agreement included if issued to a Trust
- ☐ Bylaws included if issued to an Association

14. CHECK THE CERTIFICATIONS INCLUDED IN THE PROTOTYPE SUBMISSION:

- ☐ Figure 63 ☐ Figure 65 ☐ Figure 67 ☐ Figure 69
- ☐ Figure 64 ☐ Figure 66 ☐ Figure 68 ☐ Figure 70

15. ☒ ACTUARIAL INFORMATION IS INCLUDED

16. ☒ FILING FEE INCLUDED      AMOUNT OF FEE: \$ 50.00
- ☐ REASON FEE NOT INCLUDED: \_\_\_\_\_

17. ☒ DUPLICATE SET OF FORMS AND AN APPROPRIATELY SIZED SELF-ADDRESSED STAMPED ENVELOPE INCLUDED.

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